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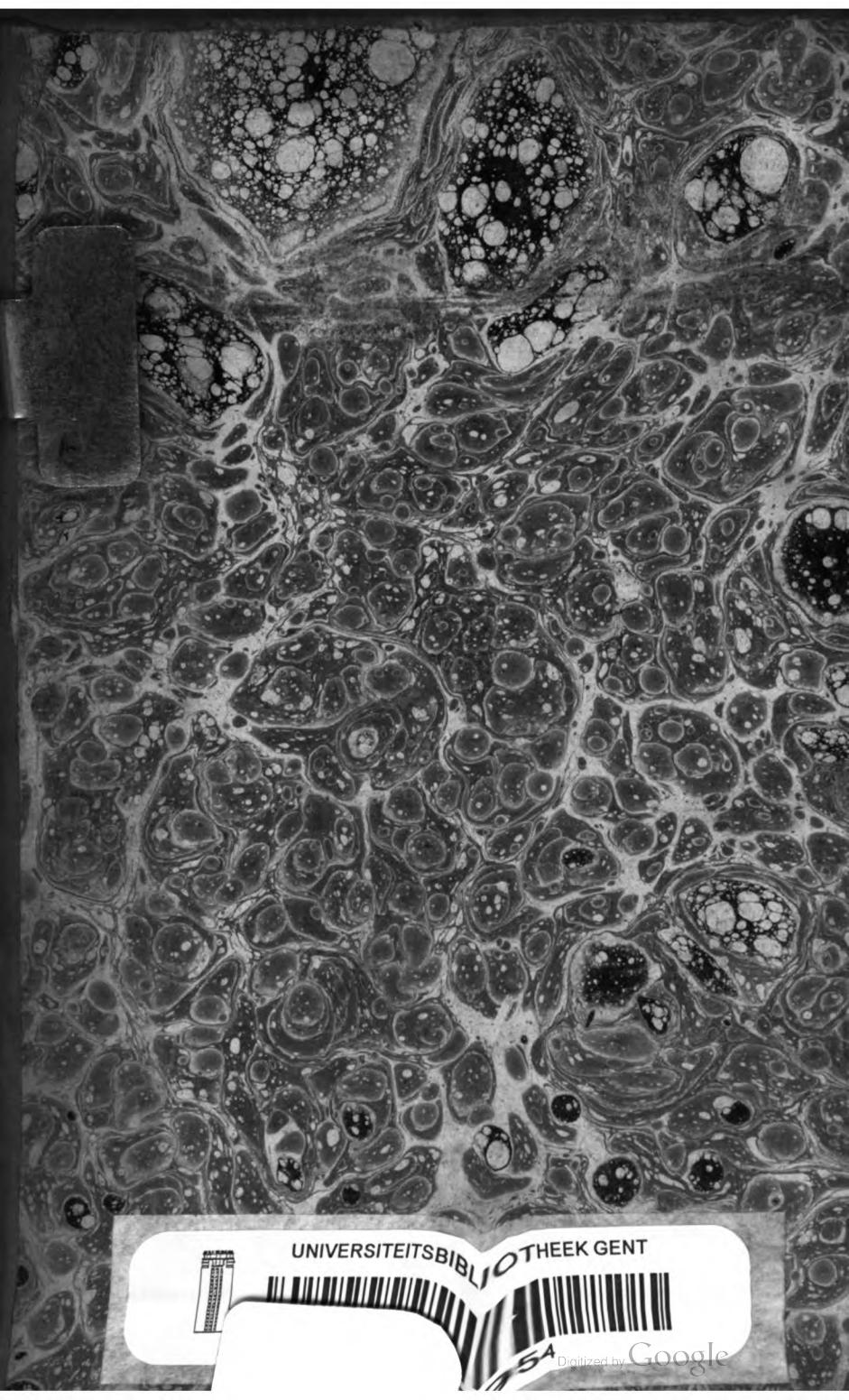
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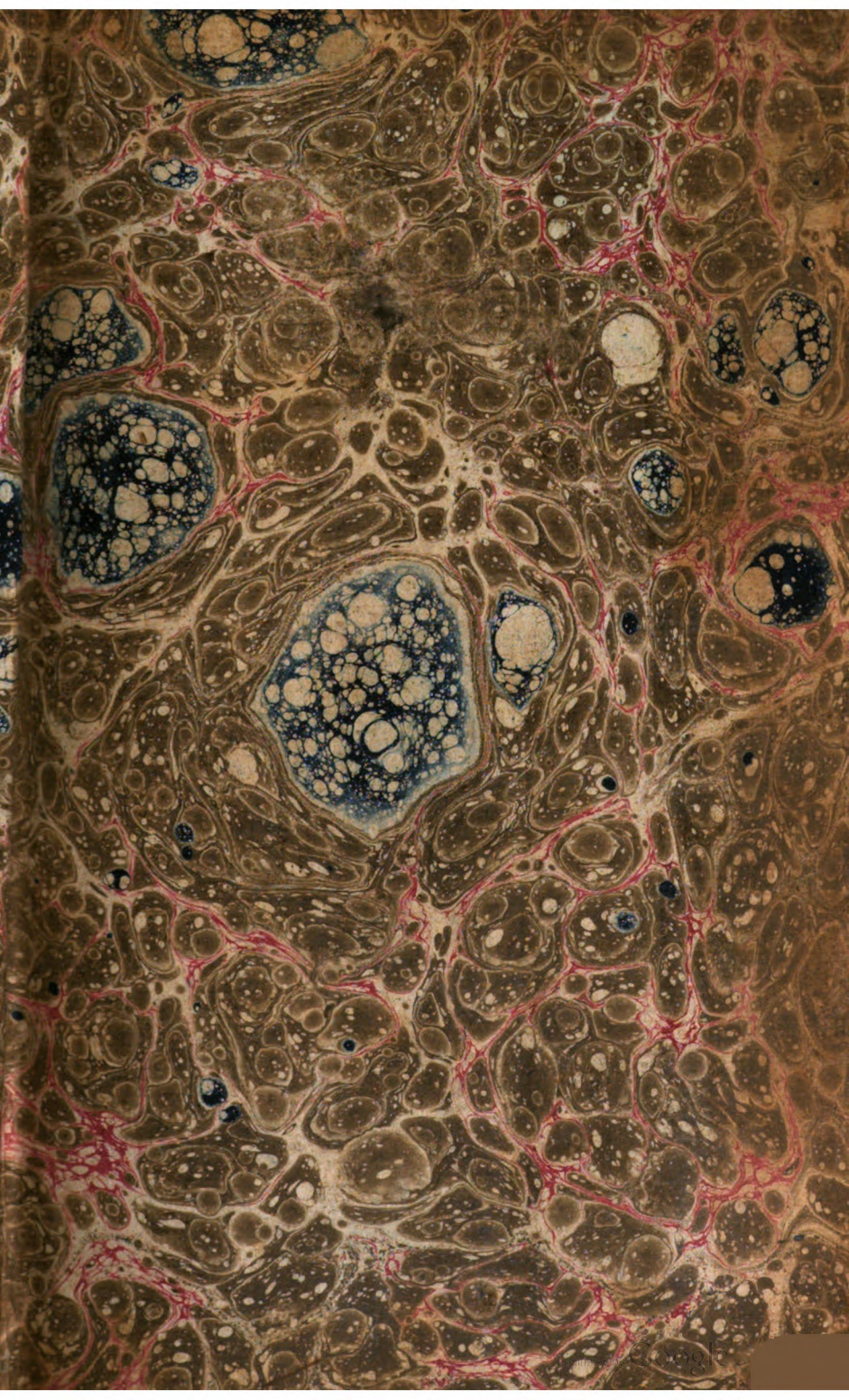

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Et quoniam variant morbi, variabimus artes;
Mille mali species, mille salutis erunt.

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THE LONDON

Medical and Physical Journal.

1 OF VOL. XXXVII.] JANUARY, 1817. [NO. 215.

"For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly Journals; and there never existed any work to which the Faculty in EUROPE and AMERICA were under deeper obligations than to the Medical and Physical Journal of London, now forming a long, but an invaluable, series."—RUSH.

For the London Medical and Physical Journal.

Mr. RING *in Answer to Dr. Kinglake.*

IN your Journal for November, I am represented as having brought against Dr. Kinglake the charge of fraudulently assuming a title; to this charge I plead Not guilty. Having been informed, and, as I then had reason to believe, by good authority, that Dr. Kinglake was not a regular physician, but had "taken out a diploma," I stated the circumstance; but did not charge him with assuming any title which did not belong to him.

This was not done wantonly, or calumniously, as has been asserted; but as an additional argument against placing such implicit confidence in his opinion, as he seemed to expect.

If I accused him of arrogance, and disputed his lofty pretensions, it was not his pretension to a diploma; but to superior judgment, superior medical science, and superior professional skill.

He talks of reprehensive and penal notice, which I may probably receive from another quarter. I have cancelled that part of my work which was founded on erroneous information; and shall be happy to cancel the rest, when he can prove that also to be erroneous, and that his cooling treatment of the gout is not much more to be dreaded than any penal notice for a libel from any quarter under the sun.

He wishes to keep all idea of danger, from his cooling plan, out of contemplation; and, in his allusion to the title of my answer, is cautious not even to mention the word.

You have given him every advantage by noticing what you and he call an unwarrantable assertion, as the first article of Communication; and then setting up a superscription

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of the same kind: thus shewing a great partiality for your valued correspondent, as you call him, and a fellow-feeling for him. It would be no more than a proof of impartiality, and an act of justice towards me, to prefix a similar expression in both places in your next Journal. We should then see, as the first and most conspicuous article in the Table of Contents, "Mr. Ring, in Answer to an unwarrantable charge;" and, in the first page of the work, "Notice of Dr. Kinglake's unwarrantable Assertion, by Mr. Ring."—We should also see a recantation of the errors into which you have been led by Dr. Kinglake; and of the sarcastic observations artfully brought forward by the conductor, or conductors, of the Journal, by way of preliminary remarks; evidently with the view of prejudicing the public against me, and in favour of Dr. Kinglake and your publication.

New-street, Hanover-square;
December 10, 1816.

[Our determined adherence to impartiality has induced us to insert the above, but the subject must close here.—EDIT.]

For the London Medical and Physical Journal.

On Small-Pox after Vaccination; by THOMAS HARRISON, Esq.

EARLY in last spring, a report prevailed in Kendal that the Small-pox had appeared in Ulverston; and that many persons had been infected with them who had been previously vaccinated, and thought secure. In consequence of this rumour, I was induced, in May last, to request my friend Mr. Redhead, a respectable and intelligent practitioner in that town, to procure all the information on the subject he could, respecting not only the cases which had fallen under his own observation, but also those which had occurred in the practice of the other medical men in the place. In order to obtain a correct statement of the facts relating to this report, I addressed the following queries to him:—

When were the small-pox introduced into Ulverston?

What number of persons have had the small-pox, after having gone through the cow-pox?

By whom were they vaccinated?

At what day of the disease was the cow-pox matter usually taken?

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Have those persons who have had the small-pox after vaccination previously had the chicken-pox?

At what age where they vaccinated?

At what age where they infected with the small-pox?

Were they of a favourable or unfavourable kind?

Did any of the patients die of the disease?

Have any persons been inoculated with the small-pox who had previously gone through the cow-pox, and what was the result?

Have the small-pox infected many persons who have never been vaccinated; and have they been mild or severe?

In the beginning of July, I received the following letter, together with the cases which had occurred.

DEAR SIR, *Ulverston; 3d July*, 1816.

THE small-pox were brought to Ulverston from Wigan, by the wife of a nailer, who, with her child, had slept in a house where the family had just recovered from them, in the latter end of January, or beginning of February. She immediately returned to Ulverston, and the eruption appeared on the child about ten days afterwards, when it was carried about by the mother, and much exposed in different parts of the town. They soon removed from this place; and I believe the child died between this place and Kendal.

A young woman of the name of Wilkinson, who was in the habit of going to the house where the child lodged, soon became infected with the small-pox, and died on the eleventh day of the eruption: my first visit to her was on the 20th February, and she died on the 22d. Her sister began soon afterwards, and had the complaint favourably.—None of these persons had been vaccinated.

With respect to the complaint which took place after vaccination, the first case which I saw was that of John Turner's child; and I was inclined to believe that it was not small-pox, until her sister began, when I was obliged to consider them as cases of small-pox after vaccination, for they had both of them previously had the chicken-pox. Robert Woodhouse's daughter was the next case, and she had previously gone through the chicken-pox, and had been blind in them.

The usual time of taking matter from the cow-pock is the eighth day,—I believe seldom, although sometimes, either earlier or later; and, as far as I have observed, the cases of cow-pox, under the care of the other medical practitioners in this town, have assumed the same appearances

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as those in my own practice: and vaccine lymph, procured from London, or any other place, produces still the same appearances, or nearly so. I have also observed, and find it to be the case with the other medical men, that, in not a few instances, the pustule is smaller than in general, and in other instances later, and consequently smaller; and that, with these appearances, the inflammation is generally less, and sooner subsides.

In many of the cases which I have sent you, matter was taken from the patients during vaccination; consequently they were not disputed cases of cow-pox. Until this appearance of small-pox after vaccination, no experiments had been made, for a long time, to prove the security of persons from small-pox who had been vaccinated; but soon after the cow-pox was first introduced into this part of the country, many persons, after having been vaccinated, were inoculated with variolous matter; and others were exposed to the contagion of small-pox, by being carried to the houses of persons labouring under that complaint in its full virulence,—yet not one of these were infected with the small-pox. These were considered as convincing proofs of the preventive power of the cow-pox.

I am, dear sir, your's, &c.

M. Redhead.

The four following cases of natural small-pox are here introduced to point out the source of infection.

1. A nailer's child. Was infected at Wigan, in Lancashire, where it slept in a house in which a family was just recovering from the small-pox: during its sickness, was carried by the mother round the town of Ulverston.

2. —— Wilkinson, a young woman, who was infected by visiting the nailer's child, and died on the eleventh day of the disease.

3. Wm. Barber's daughter, 12 years of age. The pustules were distinct, and she recovered well.

4. Geo. Garnett, 40 years of age. Had a very full crop of distinct pustules; but he recovered with difficulty. In the same house were four children, who had been previously vaccinated, and two who were vaccinated after he began; but none of these were infected with small-pox.

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The following are Cases of Natural Small-pox after Vaccination.

Those marked thus * had vaccine lymph taken from the arm during vaccination.—Those marked thus † had previously gone through the chicken-pox.

Name.	Age when Vaccinated.	By whom.	Age when infected with Small-pox	Nature of the Small-pox.	Observations.
1 Robert Jones's two children	*infants	Mr. Redhead	10 & 8	Small horny pox, which continued out only 5 or 6 days—were not seen by a medical man.	One child had considerable fever, during 4 days previous to the eruption. There had been a regular communication between Geo. Garnet and the household of this family.
2 Elizabeth James	infant	Mr. Harrison	12	† Very feverish; pustules distinct—a well-marked case of small-pox.	Had been much exposed to Wm. Barber's daughter in the small-pox. Matter was taken from her on the 7th day, to inoculate the small-pox.
3 Joseph James	do.	Mr. Redhead	15	Very feverish, and thought dangerously ill for a few days—not so full as Elizabeth.	Was infected from her.
4 William James	do.	Mr. Carter	8	Had them milder than the two former; continued out a few days.	Ditto from Elizabeth.
5 William Parker	4	Mr. Close, Dalton	18	Delirious two days before the eruption appeared; pustules numerous, and continued out 7 or 8 days.	Do. from Eliz. James.
					An apprentice, exposed in the same manner, who had been previously vaccinated, did not receive the infection of small-pox.
6 Elizabeth Fell	3	Mr. Briggs	12	† Considerable fever previous to the eruption, which was of the distinct kind.	Exposed to Wm. Barber's daughter at the same time with Elizabeth James; and both of them sickened at the same time.
7 Maria Stable	10	Mr. Carter	19	† Feverish before the eruption, which was of a small horny kind, and soon disappeared.	
8 Mary Stable	infant	Mr. Edmonson, Keswick,	14	† Had slight eruption, and was soon well—began about 16 days after her sister Maria.	A brother who had not received the cow-pox infection when vaccinated, was infected with small-pox from Maria, and began at the same time with Mary. He had a full crop of fine distinct small-pox; they were much larger, and continued out longer than his sister's; and he is much marked. Eight children were inoculated from him. Two other children, lately vaccinated, and exposed afterwards to the same contagion, were slightly indisposed, and had a few pustules.
9 Charles Hodge	do.	Mr. Harrison	9	Fever, with slight delirium, succeeded by a great number of fine pustules.	
10 John Briscoe	3	Mr. Redhead	16	† A few small horny pox, which continued out about 5 days.	
11 Thomas Briscoe	infant	do.	9	Small horny pox.	
12 Mary A. Briscoe	do.	do.	6	Ditto—began to be ill about a fortnight after her brother Thomas.	

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13	Betty Turner	infant	Mr. Redhead	6	† Feverish, 3 days with delirium; face full of pustules, and many on her body.	Small horny kind, which disappeared in five or six days.
14	Alice Turner	do.	do.	12	† Feverish; not so much indisposed as Betty; had fewer pustules, but larger.	Two other children, which had been previously vaccinated, did not take the small-pox.
15	Rob. Braithwaite's daughter	do.	Mr. Carter	14	† Very feverish; had a full crop of small horny pox; face swelled; blind 3 days.	Three other children, who had been vaccinated at the same time, and who never had gone through the chicken-pox, did not take the small-pox.
16	Mr. Rawlinson's son	———	Mr. Briggs	———	Much fever; very full of pustules, and is much marked.	
17	Ellen Physaclea	infant	Mr. Redhead	13	Very feverish; had large distinct pox; has marks on the face.	Another daughter, vaccinated at the same time by Mr. Redhead, has not been infected with small-pox.
18	Mary Long	4	Mr. Carter	10	Much fever, with delirium 3 days; succeeded by small horny pox.	The pox disappeared on the 5th day, and left marks on the arms and legs. Three others, previously vaccinated, were not infected.
19	William Baines	infant	Mr. Redhead	3	Had 3 days' illness, succeeded by horny pox, which encrusted in 6 days.	Had been much exposed to a child in small-pox, and became ill about a week after the child was turned the height.
20	William Monkhouse	2	Mr. Carter	———	Not much indisposed; pustules of the horny kind.	Became infected 4 or 5 weeks after vaccination.
21	Betty Clark	infant	do.	7	† Feverish 3 days; eruption full, but distinct, and run the regular stages of small-pox.	Four other children, which have been vaccinated, have not taken the small-pox.
22	John Nicholson's daughter	———	Mr. Harrison's assistant	———	Slight degree of fever; small number of pox; favourably indisposed.	Four others, previously vaccinated, in the same house, but not yet affected with small-pox.
23	Rob. Woodhouse's daughter	infant	an old woman	13	† Very feverish several days; but few pustules, and speedy recovery.	Others in the same family, vaccinated by Mr. Redhead, are not yet affected with small-pox.
24	William Tyson	2	Mr. Briggs	9	At the height in 7 days.	Mr. Briggs saw him, and had no doubt of the complaint being small-pox.
25	John Kirkby	infant	do.	11	Indisposed 2 or 3 days; eruption of the horny kind; disappeared in a few days.	
26	Wm. & Benj. Kirkby	5 & 3	Mr. T. Carter	———	The eruption on William was larger, and continued longer, than the rest.	Pustules of the horny kind. These two children were infected 4 weeks after vaccination.
27	Joseph Kirkby	infant	Mr. Redhead	5	Took the infection at Whitehaven; got easily through the complaint.	The small-pox were very fatal at Whitehaven. A sister, not vaccinated, took the small-pox at the same time, but recovered.
28	Sarah Bond	do.	at Liverpool	12	† Much fever, with delirium; had many pustules of the horny kind, which soon disappeared.	Supposed to have been infected from Eliz. Fell, as she called to visit Elizabeth.
29	Jane Ellis	do.	Mr. Lodge, Ingleton.	11	Had a remarkably full crop; in fact, was one complete cake of incrustation.	Recovered pretty well, but is much marked; was about a month confined.

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30 Betsy Walters	infant	Mr. Harrison	14	† Had a small crop of distinct pustules.	Three other children of the same family, vaccinated 4 months ago, and two 7 years ago, have not been infected.
31 Isabella Dixon	do.	do.	10	Had a full crop, is marked, but recovered well.	Was exposed to a family in small-pox.
32 Margaret Dixon	do.	Mr. Redhead	12	Not very full; pustules perfectly distinct; recovered well.	Began nine days after her sister Isabella was at the height.
33 Betty Garnet	do.	Mr. Carter	14	Distinct pustules; was at the height in 8 days, and recovered well.	Was infected from the family of C. Troughaire.
34 Christ. Troughaire's four children	——	Mrs. Dixon, Mr. Carter, Mr. Briggs	——	Had them favourably, of the distinct kind; one had a full crop.	Were infected from two children of the same family, which had not been vaccinated, but became infected with the small-pox: one of which died on the eleventh day. Another child, previously vaccinated by Mrs. Dixon, has not been infected with small-pox. The children slept indiscriminately together.

The following are Cases of Small-pox after Vaccination, by Inoculation.

35 Rev. S. Redhead's daughter	infant	Mr. Outhwaite, Bradford,	5	† Inoculated: in 8 days became sick and feverish, and had a slight eruption.	Took a little calomel, and was soon well.
36 Rev. W. Scatle's two children	do.	Mr. Harrison	14 & 10	Ditto: one child feverish, and had trifling eruption of the small horny kind.	The other feverish, but without eruption.
37 William Travis's 5 children	——	not known	——	Ditto: one child only had slight fever, but no eruption.	These 8 children were inoculated with variolous matter, taken from J. Stable's son.
38 Mr. Rawlinson's two daughters	——	Mr. Briggs	adults	Ditto: slight fever; eruption of the horny kind.	
39 J. Stamper's two children	——	Mr. Harrison	12 & 9	Ditto: slight indisposition; arm much inflamed; very few pustules, which continued out a week.	Another child was not infected, having been previously inoculated with small-pox, and could not be infected.
40 James Shepherd	15 mo.	Mr. T. Carter	18 mo.	Ditto: very feverish; arm much inflamed; pustules not very large.	Inoculated from Elizabeth James, and matter was taken from him.
41 Thomas Bolton	*infant	Mr. Harrison	12 yrs.	Ditto: feverish on the 9th and 10th days; considerable inflammation; a few pustules round the part inoculated.	

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For the purpose of clearly ascertaining that the eruption by which the patients had been affected was the small-pox, I requested Mr. Redhead, in the month of September, to inform me which of the patients had previously gone through the chicken-pox. He very readily made inquiry, and sent me the result, which I have pointed out in the Table of Cases; and at the same time he sent me a few more cases, (which are also placed in the Table,) and the following letter.

DEAR SIR, *Ulverston; Oct.* 8, 1816.

I have collected a few more cases of small-pox after vaccination, amongst which is exhibited, in the family of Christopher Troughaire, a striking proof, either of the inefficacy of cow-pock in preventing small-pox in many instances, or of our imperfect acquaintance with the appearances of genuine cow-pox. Troughaire keeps a common garden: he knows not where his children received the infection of small-pox; but it is probable that the contagion was either taken to his house, by persons who were in the habit of going there, or that some of the family (particularly of the children) had been exposed to it, in their daily rounds to dispose of the produce of the garden.

We have repeatedly had the small-pox in Ulverston and the neighbourhood since the introduction of vaccination, yet, until the late attacks, the complaint never extended beyond one or two cases. But I have no doubt, in my mind, as to there having been a great many failures amongst the children vaccinated in Ulverston; yet from what cause I am at a loss to know, but should be very glad to have the matter properly investigated, so as, if possible, to prevent such occurrences in future. It is, however, very extraordinary, that the same disease and appearances have not spread beyond the town of Ulverston; for, although persons infected with small-pox in Ulverston have been removed to the village of Bouth, and to other parts of the country, yet the complaint has not spread. And, about two years ago, many children were inoculated with variolous matter at Pennybridge, a village a few miles from hence; yet no one, previously vaccinated, received the infection from them, except, *probably*, in one instance.

Persons who have had children in the natural small-pox, are convinced that this complaint is so much milder after vaccination, that they would have their children vaccinated, if they were even sure that they must have the small-pox afterwards.

I am, dear sir, your's, &c.

M. REDHEAD.

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The first question that naturally occurs to the mind, after perusing this account, is, Was the eruptive disease, with which these persons were affected at various distances of time after vaccination, really the small-pox? We find, from Mr. Redhead's first letter, that no such complaint existed in Ulverston previously to the introduction of the small-pox by the nailer's child, in the latter end of January or the beginning of February last; and that soon after that time, several persons were attacked by small-pox, of which some died: and it appears probable that the two first cases, viz. Robert Jones's children, were infected from George Garnet, one of the persons who with difficulty recovered from the small-pox. The 3d (Elizabeth James) and the 7th (Elizabeth Fell) were exposed to the contagion arising from William Barber's daughter, another of those who laboured under the natural small-pox. We observe, also, that a son of Stables, who had not had the cow-pox, took the small-pox from his sister Maria (Case 8), who laboured under that complaint, although she had been previously vaccinated; and the pustules on this boy were so full, distinct, and characteristic of the small-pox, that eight children were inoculated by Mr. Redhead from him. We also may remark, that Maria Stables, and many others who were affected in a similar manner, had previously gone through the chicken-pox. What stronger medical evidence, then, can we expect in proof of this disease being the small-pox? I should have been exceedingly glad to have been convinced, by an attentive perusal of the cases, that they were only the chicken-pox; but candour induces me to confess that I can find no fair grounds for such a conclusion.

The next consideration which occurs is, whether the persons thus affected had been vaccinated with the genuine cow-pock matter; or, in other words, had they been perfectly vaccinated? This is a question of some difficulty, and which admits of no direct proof. But, that the medical men, by whom they had been vaccinated, were of opinion that many of them were secure, is evident, from their having taken matter from the arms of their patients to vaccinate others with: and, that the constitutions of all the patients had been more or less affected by the cow-pox, may be fairly inferred, from the succeeding small-pox being peculiarly mild in all. Had there been but a few patients who had been vaccinated by one person, at the same time; or had they been all vaccinated at the same period, by the respective medical men, with matter obtained from the same source; we might have concluded that the matter had been taken from a spurious vesicle: but, when we perceive that they have been vaccinated

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by ten different medical men and two matrons, at different periods, and in parts of the country far distant from each other; and that they have been infected with small-pox, either by exposure or direct inoculation at one season, and therefore at various distances of time after vaccination; we cannot but feel our confidence in the preventive power of the cow-pox to be somewhat shaken.

I have subjoined a few cases which happened in London, about two years ago, in the family of Mr. George Rimington, who then lived at No. 29, Ludgate-hill. These cases excited considerable interest amongst some medical men at the time, from one of the children having been vaccinated, at a public institution in London, by Dr. Jenner himself, and, after having been daily inspected, was by him pronounced secure from small-pox.

"Case 1st.—Jane Rimington was inoculated for the cow-pox, at Penrith, in Cumberland, when she was six weeks old, by Dr. Harrison: she had considerable soreness in the axilla; and the Doctor took matter from her to inoculate his patients with. She had the confluent small-pox, at the age of eight, in London; and was considered in great danger, but recovered.

"Case 2d.—Susannah was inoculated for the cow-pox, by Dr. Storey, at Penrith, when about a year old; and she had the small-pox in London, by inoculation, when she was about six. Her fever was very strong, and she had 25 small-pox.

"Case 3d.—William was vaccinated by Dr. Jenner at London, when he was eleven months old. He had been previously inoculated for the cow-pox, by Dr. Alcock of London, but did not take the infection. He had the small-pox by inoculation at the age of five years, when he had very strong fever, and twelve small-pox.

"The above children had the cow-pox regularly, and under the particular attention and approbation of Mr. Ballantine, a medical gentleman, their maternal grandfather, who considered them all free from any danger of infection.

"Case 4th.—Anne was inoculated thrice for the cow-pox, but did not take it—the fourth time by Dr. Jenner, who succeeded at the age of nine months. She was inoculated twelve months afterwards for the small-pox, without receiving the infection.

"Case 5th.—George was vaccinated at the age of five months, and took the infection. He was inoculated five months afterwards for the small-pox, which had no effect.

"Case 6th.—One of the servants who waited on these children

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children was vaccinated about twelve years since, and has not taken the small-pox."

The account of this family was handed to me by Mr. John Gough, of this neighbourhood, a gentleman well known to the philosophical world, who obtained it from the mother of the children, by inquiry.

On reviewing the whole of these cases, one cannot but incline to believe, that it is a difficult matter to discern that peculiar effect produced by the cow-pox on the human constitution, which renders it absolutely secure from the small-pox. That, in the majority of cases, this effect is produced, I would willingly hope: at the same time it is evident, that in the practice of the most experienced and attentive men, the cow-pock occasionally fails to furnish the constitution with any other power than that of moderating the violence of the small-pox: consequently, in those cases which go through the regular appearances of cow-pox, one cannot but suspect, that a criterion remains yet to be discovered by which we can be enabled to pronounce any patient to be absolutely secure from small-pox afterwards.

The cases furnished me by Mr. Redhead are the result of the inquiry and observations of a candid mind; and, with his leave, I have been induced, by a sense of duty, to lay them reluctantly before the profession, with no other design than that of recording (what appear to me) medical facts, for the purpose of exciting medical men to more minute observation in the practice of vaccination. That the cow-pock is a valuable discovery, no man can doubt; for, although it may fail to afford perfect security from the small-pox in many cases, yet it appears to have the power of mitigating the violence of that horrible disease in all: and, if it had no other effect, it ought to be considered as a blessing to the human race, and to be strenuously recommended by every one who has the welfare of mankind at heart.

In this town, vaccination has been generally practised during the last fifteen years; and, although the small-pox has been repeatedly in the town, yet no one case of small-pox after vaccination has occurred in the practice of any of the medical men, so far as they recollect. And, notwithstanding that the failures which have taken place at Ulverston, twenty-one miles from hence, produced considerable alarm, yet the inhabitants are so well convinced of the preventive power of the cow-pox, in the majority of cases, and of the mitigating power in all, that vaccination, I understand, goes on in that place as usual. Indeed, I hope that no man will ever meditate the cruelty to the human race of introducing or advocating the practice of variolous inoculation,

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unless it be to ascertain the effect of previous vaccination. For although, under strict management, variolous inoculation may be nearly as seldom fatal as vaccination, yet the great superiority of the latter over the former consists in its communicating a mild disease, which cannot be propagated but by direct or accidental inoculation; whilst the small-pox, either natural or inoculated, when introduced into towns, produces, by its contagious effluvium, most dreadful havoc amongst those prejudiced or unwary persons who may happen to be exposed to its influence.

Kendal, Oct. 29, 1816.

For the London Medical and Physical Journal.

Mr. William Stevenson Clarke *in Answer to Chirurgicus.*

HAVING read, in your Journal for November, a *most potent eulogium* upon what the author is pleased to call an eulogium of mine, on the effects of general depletion, I have thought it right to make a few observations upon some of the principal passages, although it may be considered unnecessary by many of your readers, particularly as the production of an anonymous correspondent. Chirurgicus commences (after a short but pious lucubration) with a quotation from my paper—"It seems that from the 24th of June until the 3d of July, not less than 111 ounces of blood had been ordered to be drawn from the system, to affect a part exterior to the body, and not essentially necessary to the functions of life." Chirurgicus adds, "It then occurred to him, after observing no good effect whatever on this exterior part, from the loss of 95 ounces of blood from the system, to call to his aid those useful little animals—leeches, to the number of ten, and that, on the day after their use, his patient was not worse, nor was the testicle much increased in size,—a circumstance which," he says, "by the bye, did take place after every previous bleeding from the system." If he will read the paper in question with even the most superficial attention, he will discover that very considerable relief was obtained after the bleeding on the 30th of June; that this relief continued without intermission till the morning of the 3d of July, at which time a "considerable increase of the pain and inflammation came on."

Chirurgicus then proceeds—"Yet, Mr. Editor, he has not calculated on the remote effects on the constitution of his patient, by that wasteful plan with which he had commenced and continued the treatment of this very common disease."

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This is also an error. I had, with the most scrupulous attention, calculated upon both the present and future effects on the constitution of my patient. I had to deal with a robust, plethoric, and highly-inflamed system, with an organ immensely inflamed and swelled,—that inflammation rapidly spreading up the chord, and affecting the peritonæal lining, to a certain extent, within the cavity; and, superadded to all this, high constitutional irritation;—in fact, with every circumstance that appeared to threaten a speedy destruction of the texture of the part. Under such circumstances, was it the duty of an active practitioner to trifle with the case, by the application of a few leeches?—certainly not. I did not, therefore, hesitate to adopt the "wasteful plan," with evident advantage at the time; and, in respect to its after-effects on the constitution, I can also satisfactorily calm the fears of Chirurgicus, by informing him that I have lately seen the patient several times, perfectly restored to health and strength, and with that *trifling* organ, the testis, free from disease, which, to all appearance, would not have been the case, had the *active plan* recommended by Chirurgicus been followed.

Chirurgicus then proceeds—"If a residence within the Lock Hospital, a situation where Mr. Clark must have seen this disease, has not already taught him this lesson, I beg that he will take it from *this*, his case, viz. that local evacuations are infinitely better than exhausting the system by such large bleedings from the system, a practice which, I regret to observe, making a most fearless progress, regardless of the ulterior effects on the constitution." If the practice within the Lock Hospital has not taught me this lesson, I can assure Chirurgicus that the luminous advice contained in his paper will not; nor do I think it will have much influence on the minds of the majority of practitioners, either in this or other countries, whose pens are constantly employed in paying their tribute of respect to that important practice, by laying before the public their experience of the successful termination of many hitherto fatal diseases, from a well-directed and scientific system of depletion.

None there are in this country, I trust, who would sacrifice even the most wretched of their fellow mortals, in order to gratify their propensity for any favourite theory, or even "wantonly" to carry the most approved mode of treatment to an extreme, so as to endanger the lives of their patients, —an assertion so unwarrantably advanced by the anonymous author of that paper.

I shall close the controversy with Chirurgicus by noticing the last paragraph in my adversary's paper:—"I am not,"

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says he, "a young man; I have lived to see the effects of the inconsiderate use of this potent instrument, and I have great consolation in reflecting that I have never used it *wantonly*."

Every surgeon of candour will believe that the lancet is never used *wantonly;* but the cautious language of Chirurgicus may lead the most experienced practitioners to fear that his patients may often have suffered by his caution or timidity.

York; Nov. 25, 1816.

For the London Medical and Physical Journal.

On the Necessity of the Minim Measure; by H. J. C. &c. &c.

IN your Journal for last month, there is a letter signed "Henry Ward," attaching blame to the College of Physicians for introducing the minim measure, and for endeavouring to abolish the custom of adding small doses of fluids by drops. A table is therein given, of which I will not dispute the accuracy, shewing the great difference that exists between the proportion of the drops of different medicines with each other and the measured minim. This very difference was the ground upon which was founded the necessity of introducing an alteration whereby the dose prescribed might be accurately known. If the minim be the sixtieth part of the fluidrachm of every tincture, spirit, wine, liquor, oil, &c. the practitioner, who cannot be supposed ignorant of the strength and virtues of what he may prescribe, well knows the quantity to be administered; but, if the drop may be either the 72d, or the 120th, or any intermediate part of the fluidrachm, what practitioner can know his dose? It is needless to add more; but let it be observed that Mr. Henry Ward has dropped his different medicines from a bottle of a particular size, and with a lip of a certain width. He well knows that the difference of the lip of the bottle makes a difference in the size of the drop; and, as different bottles are used by different apothecaries, the dose measured by drops must continually vary. My conclusion is, that the minim measure is not only an addition and improvement in the utensils of an apothecary's shop, but is absolutely essential in safe and correct practice.

For

For the London Medical and Physical Journal.

Case of Premature Parturition artificially excited; by JAMES GIBBON, Esq. Member of the Royal College of Surgeons.

IN the month of August 1812, I attended Mrs. D. of this town, in a case of very protracted and laborious labour, of her first child, which was still-born, and had apparently been dead about two days. Great uterine hæmorrhage followed the separation of the placenta, and she was reduced almost to the last extremity. It was several months, and with the greatest attention, before she recovered her usual state of health. She was considerably advanced in years, and of a rigid fibre. There was no deficiency of pains throughout the whole of this lingering labour. Under these circumstances, I thought it right to interfere but little with the operations of Nature. The occasional administration of injections, and the introduction of the catheter, were required. Although I was aware, during the progress of this labour, that the capacity of the pelvis was small, I did not suppose the contraction of its brim to be so great as I afterwards found it. The head of the child was so softened, by having laid long in the pelvis after its death, as to prevent my forming an accurate opinion of the degree of pressure it had borne in passing through the upper aperture.

She became pregnant again, and suffered an early miscarriage without any alarming symptoms, in the month of August 1813.

A third time she became pregnant, and, after a still more lingering and laborious labour, was again delivered of a dead child in January 1815; most happily, no hæmorrhage followed. I now ascertained that the brim of the pelvis was much contracted, and ventured to predict that it was highly improbable she would ever bring forth a mature living child.

A fourth state of pregnancy ensued, and she expected to fall into labour about the middle of December 1816. She was anxious in the extreme to bring forth a living child. With a view of securing her own safety, and enabling her to do this, I proposed exciting a premature labour in the beginning of the last month.—She acceded to it. After the bowels were well emptied, I proceeded to attempt a moderate dilatation of the os tincæ. I met with considerable difficulty in effecting this, owing to the smallness of the canal of the pelvis, and the uterus resting upon the protruding part of the sacrum. After many cautious attempts, I succeeded, however,

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however, on Thursday evening, the 7th of December, in procuring a discharge of the fœtal waters; slow natural labour soon followed. That night she had some sleep, though occasionally disturbed with regular pains. The child was then lively, and I had reason to believe, from my repeated examinations, that the head presented favourably. During the whole of Friday, the 8th, she continued in slow labour, and had but little sleep during the night. On Saturday, the 9th, my patient became uneasy, from anticipating sufferings equally dreadful and protracted as those she had felt during her former labours. Early in the evening of that day, I gave her a full dose of opium in a cordial draught, with the happy effect of procuring for her some very refreshing sleep. From this she awoke with strong pains. Early on Sunday morning, the child rapidly descended into the pelvis, and, to my great surprize, exhibited a breech presentation. Even at this period of the labour, I feel assured that the child was quite alive; but, when its head came in contact with the os sacrum, although the pains were extremely strong, the progress of the labour was much retarded. I need not say to an experienced accoucheur, that such unavoidable delay in a breech presentation was necessarily fatal to the child.

In much less time, however, than I anticipated, she was safely delivered of a third dead child, and rapidly recovered without a single untoward symptom.

It appeared that the head of the child passed through the superior aperture of the pelvis in the most unfavourable position, for the parietal bone of one side was so strongly forced against the protruding part of the os sacrum, by the violence of the pains, as to occasion a very deep indentation upon it. This clearly accounted for the delay and consequent death of the child.

I am now of opinion, that, if the labour had been brought on two or three weeks sooner, the chances would have been greater in favour of a living child. From the great contraction, however, of the pelvis in this case, it is not probable that a child of seven months can be born alive, except it is a natural presentation. It is possible, I fear, that the deformity of the bones of the pelvis is here increasing.

This case may be considered as an additional instance of the safety and advantage of exciting premature labour, in those subjects who have the misfortune to bear children with a contracted pelvis; my patient declaring that she suffered incalculably less in this, than in her former confinements.

Bedford; December 9, 1816.

For

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For the London Medical and Physical Journal.

The successful Use of Colchicum in Hysteria and Hypochondriasis. Communicated by Mr. THOMAS RAVEN, House Pupil to the Norfolk and Norwich Hospital.

ANN HOWARD, æt. 21, was thrown into strong convulsions by seeing a relation in the agonies of death. As these convulsions returned every day, and with considerable violence, the patient was entered at the Dispensary of this city; and, I understand, went through a regular course of fœtids, volatiles, cathartics, and tonics. But, as these medicines afforded her no relief, she made application to our hospital, and was admitted under the care of Dr. Alderson, who, having lately seen, in seven cases of chorea, the good effects of the meadow saffron, was induced to try the virtue of it in this attack of hysteria. Thirty drops of the tincture were ordered to be taken every eight hours. The effect of the medicine in this case was as surprising as it had been in the chorea, for in a few days the convulsions left her, and have not returned since.

A man from the country, between thirty and forty years of age, apparently in high health, had wearied two practitioners in his neighbourhood, and all his acquaintance, by a doleful detail of his very miserable feelings. Being thus a burthen to others, as well as a torment to himself, he was sent to our hospital, and admitted by Dr. Alderson, but rather reluctantly, because his disorder appeared of a kind that could not be removed in the six weeks allowed by our rules and orders for a trial. At the period mentioned, he thought himself worse than when admitted; he had taken a variety of medicines, and the doctor would have put him upon the list of incurables, but that he wished to see what effect the colchicum would have upon this disease, and prescribed as follows: Bibat vini colchici autumn. cochlear. parv. i. 8vis horis augendo vel minuendo dos. prout res postulet. As the first three spoonfuls operated very powerfully on the stomach and bowels, I lessened the dose one-half, and the medicine afterwards seemed inert. In ten days, however, after he had began the drops, he said they had done him more good than all the other medicines he had taken, that he was quite a new man, and was sure, if he went on with them a fortnight or three weeks longer, he should be well. His prediction proved true; he was discharged cured, but begged to be left on the list of out-patients, that, in case his disorder returned, he might send for a bottle of the tincture, which had done him so much good.

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Without any other comments on the cases which I send you, I may be allowed to say, that they are related with the strictest regard to truth.

Norwich; December 6, 1816.

For the London Medical and Physical Journal.

S. J. E. *wishes the Reader's opinion on an uncommon Disease in the Head.*

THE following statement of a severe chronic disorder, I beg leave to intrude on your valuable pages, with a hope of receiving instructions how to proceed; trusting, that either the editors, or some of their correspondents, will remit their decision on the cause and the most probable method of cure, through the medium of your Journal.

A married lady, fifty-five years of age, who has borne five children, rather of an irritable disposition, delicate habit, and who has been for the last twenty years continually employed and fatigued with the cares and misfortunes of her family, was, in the month of July 1811, exposed in a cold room after having undergone considerable exertion, which brought on an attack of ophthalmia membranarum, and a catarrh. While her eyes were in this state, she persisted in finishing some needle-work, and constantly used her eyes in this occupation for several days without making use of any antiphlogistic remedy. In the course of a week, she was tacked with an obtuse, and afterwards acute, pain in the head, crossing in a right line from one ear over the ossa parietalia and os frontis to the other; sometimes extending over the whole head, attended with a throbbing which she generally compares to the noise heard when two men are at work on a blacksmith's anvil. Sometimes she imagines that on one side of her head there is violent dashing rain, and, on the other side, an immense hurricane of wind. The pain is always worse after sleep, particularly if she wakes suddenly, which (being very easily roused from slumber) frequently happens to her. After having passed a restless night, she is alarmed in the morning by the dashing in her ears; her pulse, from being commonly slow, is then accelerated; she is thrown into a hot paroxysm ending in perspiration, and generally passes five or six hours in great agony. Any particular exertion, as mental or bodily exercise, talking, reading, writing, &c. augments the disease. She feels herself most free from pain when her mind and body are moderately employed in her domestic concerns, and sometimes she has passed whole days in this manner with very little return of the

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the pain, or when her bowels have been gently evacuated by some saline cathartic. The disease has not materially altered the whole five years.

It may be necessary to mention, that she is very susceptible of ophthalmia tarsi, and has had several attacks lately. Cessation of the menses has taken place naturally. She has had two or three attacks of peripneumonia, which have all terminated favourably. She is sometimes attacked with a severe, dry, sonorous, cough. Both topical and local blood-letting have been employed without much alleviation; but, once or twice, a slight hæmorrhage from the nose has, for a few days, nearly removed the symptoms. Alterative doses of the hydrargyrus, followed by purgatives, have been administered; blisters have been applied to the temples and nape of the neck, and the antiphlogistic plan has been uselessly adopted. At present, her constitution is much debilitated, and the symptoms continue.

Does this disease arise from a determination of blood to the head? or, is it dependant on some organic affection?

December 1816.

For the London Medical and Physical Journal.

Description of Two Cases of Tetanus; by Dr. Cross.

J. MURDOCH, apprentice to Mr. J. Caldwell, flesher, Main-street, Gorbals, on Oct. 21, 1815, consulted Mr. Peter Miller, surgeon, Hutcheson Town, about a stiffness of the jaws. He was then 13 years of age, four feet nine inches high, stout, well-shaped, and of a fair complexion. Mr. Caldwell, in whose neighbourhood the boy had been brought up, took a fancy for him from his childhood, on account of his uncommon alacrity and obliging disposition; so that, although his parents were poor, he has for the most part lived with his present master, and enjoyed generous diet. He could assign no cause for the stiffness of his jaws; but at length on his left leg a sore was discovered, which led back to the 9th instant, when, at the building of a hay-stack, he received from the prong of a hay fork, thrown at him "in fun," a small wound four inches above the left inner ankle, and about a line or two behind the edge of the tibia. Although the wound was pretty deep, yet no blood issued, except a dot "about the size of the head of a pin." The place soon became swelled and red, but not very painful until the 12th, when he made an excursion with some boys to a glen, five miles distant, to gather bramble-berries, got himself drenched with rain, and after his return neglected to change his clothes. As the sore had become painful, and its edges

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hand, Mrs. Caldwell applied a poultice. Hitherto the matter discharged had been of proper consistence, but now became more and more watery, while the pain became less and less. On the morning of the 18th, he complained of a difficulty in chewing a piece of loaf-bread. In the evening he could not open his mouth to the usual extent, and felt considerable difficulty in chewing. On the morning of the 19th, in supping his porridge, he could scarcely get the spoon into his mouth. In the forenoon of the 20th he had wheeled a cow's hide to a tan-work a quarter of a mile distant, and was looking into a tan hole, when he became giddy, and nearly dropped in. On getting home with his barrow, he had to go to bed, and in a few hours became free of giddiness, but the stiffness of the jaws was slowly gaining ground. On the 21st, in the forenoon, his arm, in throwing a stone at a dog, fell powerless by his side, and the stone dropped from his hand. He does not know whether the arm became relaxed or stiff. Till the evening of the 21st, the stiffness was limited to the jaws. Now the tongue also became sore and stiff, as if it had not sufficient room. Having become alarmed at the increase of symptoms, he now applied, as formerly mentioned, to Mr. Miller, who immediately stripped him, and discovered on the left leg the sore slightly inflamed, but devoid of pain, and discharging a watery fluid. ℥ifs. of compound jalap was prescribed, and he was desired to return next morning.

22. Morning.—Had slept little; physic had operated; stiffness had extended to the back of the neck. The proposal of sending him to the infirmary alarmed him, so that he hurried home, but almost fell two or three times on the road. In the afternoon, being unable to walk to Mr. Miller, he was visited about two o'clock. The sore was enlarged, and pencilled with caustic: ℥i. of ipecac. and gr. ½ of tart. antim. were given as an emetic, and operated slightly. What came up, he says, was very sour. He was now put into the warm bath, after which the following mixture was ordered:—℞. Tinct. opii, gutt. lxxx. eth. sulph. ℥fs. aq. cinnam. ℥i. mix. the half to be taken immediately, and the remainder in half an hour. From this time forward he was closely attended by Mr. Miller, and occasionally by his partner, Mr. M'Lean.

Eleven at night.—A paroxysm had thrown him backwards to the floor. A table spoonful of the following mixture, ℞. Tinct. opii, ℥ii. sp. eth. nitr. ℥ifs. aq. cinnam. ℥iii. mix. was ordered to be swallowed every second hour. Camphorated mercurial ointment was to be rubbed occasionally over his spine, and a dose of cal. jal. and ginger was given.

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On the 23d, doses of calomel and opium were ordered. The ointment, the warm bath, and the purgative, were continued; and in the evening an injection was administered; still the symptoms continued to increase.

On the 24th, the cold bath, in place of the warm, was ordered. With a little force, he could be bent to the sitting posture in the bath. The former prescriptions were continued. Still the symptoms were increasing.

On the 25th, he could not be made to sit in the cold bath. A solution of ℥ifs. of sulph. magn. in cinnamon water was ordered.

26th.—The notes do not mention whether the physic operated. The cold affusion was ordered. Opiate frictions were set a-going, and a dose of jal. coloc. and ginger was given.

On the 27th, I was requested to attend, and saw him, for the first time, at twelve o'clock at night. By this time his jaws were closely and immoveably locked; and his whole body was stiff, and bent backwards into an arch, so that he rested on the occiput and heels. From the first he enjoyed but little sleep; now it had entirely departed from him. His urine had been all along scanty. The skin was dry, except over the head, face, and neck, which were for the most part bedewed with sweat. His chief pain lay in the pit of the stomach, where there was an evident swelling. He described the pain to proceed from this spot over the body. For the last twenty-eight hours purgatives and injections had failed to procure any alvine discharge. Deglutition had all along been difficult; but now he could scarcely manage to swallow any fluid introduced between his teeth, and never without inducing a paroxysm. The paroxysms were now frequent, and accompanied with difficulty of breathing, sometimes almost amounting to suffocation, and with palpitation of the heart, which could be seen and heard. His breath had the mercurial fœtor. As the medicines were now producing no effect; as the disease seemed to be fast approaching to a fatal termination, for which indeed the poor boy became impatiently desirous, and was calling upon his nurse to put an end to his miserable existence; and as hydrophobia, which is very much a kin to tetanus, has been of late repeatedly cured by blood-letting, we resolved to give the lancet a fair trial. Accordingly we drew from the arm ℥xvi. of blood. Before the blood ceased to flow, he was able to open his jaws to the extent of half an inch. The opportunity was seized of giving a smart dose of purgative medicine, which was ordered to be followed by repeated doses of castor oil. An injection, which was thrown into the

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the rectum by a syringe, was immediately ejected past the syringe with considerable violence against the foot of the bed. The relaxation produced by the bleeding gradually disappeared, and in a few hours the jaws became as locked, and the body as stiff, as ever. The bleeding was repeated in about ten hours afterwards, and produced a relaxation of the jaws, though not to the former extent. The physic had now begun to operate. A smart dose of calomel was given, and ordered to be followed by a solution of sulph. magn. in cinnamon water. Repeated doses of sp. eth. nitr. were also ordered. In a few hours the effects of the bleeding had almost disappeared. On the evening of the 28th, and on the 29th, the bleeding was repeated, and on both occasions produced considerable relaxation, though not to the first amount. He had now been bled four times, and had lost 5 ℔ of blood. After every bleeding the pulse became exceedingly quick; but by and by subsided to about 110. Brisk purging with sulph. magn. and an occasional dose of cal. was kept up. Under all this depletion, his whole food was a little soup, so that he had now become exceedingly weak. For fear he would die in our hands, we did not venture to take more blood till the 30th, on the morning of which day he seemed a little recruited. The body still formed an arch from occiput to heel; and the jaws were locked, though not quite so immoveably, as before the bleedings. This difference, however, we were disposed to place to the account of debility. From the regular temporary amelioration of the symptoms after every bleeding; from the inefficacy of every thing else; and from the hopelessness of the case, if left to itself; we resolved, after much hesitation, to make one desperate trial more with the lancet. The vein was opened. A considerable stream of blood issued, and the finger was held to the pulse till it became exceedingly quick and feeble; when the poor boy all at once became exceedingly low, and seemed ready to expire at every paroxysm. Having tied up the arm, we retired hastily to another room, and agreed to let him have as much wine as the friends could get him to swallow, more as a mere cordial, than as a medicine from which any benefit could now be expected, and announced that we did not expect that the patient would survive long. Next morning, however, we found our young patient in a state of intoxication, and much relieved. As there had been all along a scarcity of urine, we substituted gin to-day for the wine, and kept him in a state of half intoxication for ten days. Purgation was at the same time kept up. During this period it was remarked that he ejected his urine to a great distance; on one

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one occasion to the distance of fourteen feet. His recovery was very slow and gradual; so that, for many days after the gin was commenced, he was lifted about like a piece of wood. Not long after he began to walk about, his motions were stiff and slow. He has, however, long since regained his former health, and strength, and activity.

James Campbell Wright, Cowcaddens, aged 49, five feet and seven inches high; thick, muscular, well-shaped, strong, and agile; the hair on the face red; the hair of the head formerly lightish brown, but, since the late shavings and blisterings, approaching to black; has all along enjoyed excellent health; has occasionally taken a hearty glass with his friends, but upon the whole has been a man of sober and religious habits. On January 27, 1816, at eight o'clock in the morning, in lifting a deal, a little splinter, not so thick as an ordinary pin, made its way into the middle of the fore-part of the first phalanx of the right thumb, and was immediately taken out by his comrade. The circumstance was quite forgotten till next day, (Sunday,) about twelve o'clock mid-day, when the part became painful and swollen. About five o'clock in the afternoon, a small suppuration of about the size of a pin's head was discovered in the spot from which the splinter had been extracted. As soon as the matter, which was of thick consistence, was let out, the pain diminished, but the thumb continued to increase gradually in size, and to become weaker and weaker. By ten o'clock next morning the whole right hand had become so powerless, that he was unable to lift a tool, or even a breakfast-knife. By twelve o'clock, the hand had become cold, and he was warming it at the fire, when in an instant he was seized with an excruciating pain in the situation of the carpal bones; the back of the head forthwith swelled, and became a little red. At three o'clock he applied to Mr. Roderick Gray, surgeon, Cowcaddens, who ordered the whole hand to be covered with cloths dipped in vinegar and strong spirits. No relief was obtained. As the pain was increasing, and as Mr. Gray was from home, I was called in the evening. He was screaming aloud, and moving restlessly from place to place in severe agony. There was a slight ruffling of the cuticle, where the speck of suppuration had formed. The chief pain was in the first phalanx of the thumb. I immediately made an incision down to the bone from the borders of the first joint to the tip. A good deal of black blood issued, but no pus could be discerned. The whole hand was immediately immersed in warm water, and afterwards covered with a poultice, and a smart dose of cal.

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and jal. was ordered. The pain of the thumb was immediately removed, and the pain in the back of the hand much mitigated.

On the morning of the 30th, I met Mr. Gray in consultation. We learned that since the incision was made into the thumb, it had been free of pain, but that in about half an hour the pain in the back of the hand gradually increased, and at length produced screaming and restlessness, as before. We applied eight leeches, and ordered them to be followed by warm fomentations, and afterwards by a large poultice. A smart dose of calomel and jalap was given in the evening.

On the 31st, the same number of leeches was applied, and purgation kept up. Still the pain and swelling increased.

On February 1, eight leeches more were applied. While they were at work, he felt a pain suddenly ascend from the hand to the back part of the head. The hand now became easier, but the pain in the back part of the head became proportionally violent. The head was shaved, and rubifaciants, and sinapisms, and blisters, were successively applied, with some temporary, but no permanent, benefit.

By the evening of the 4th, the neck and jaws had become somewhat stiff and painful, and uncommon anxiety was expressed in the face. Mr. Gray having shortly before had a case of bruise which fell a victim to tetanus, and being struck with the similarity of the symptoms before him with those which had so lately made a deep impression on his mind, was the first to discern the approach of this horrific disease. On examining more attentively, we found that the jaws could not be fully opened, and that the stiffness of the neck was considerable. As, however, calomel had been repeatedly given, and might possibly be the cause of all this pain and stiffness, we were willing to wait till morning. An ounce of castor oil was in the mean time given.

Mr. Gray saw him at seven next morning, and found tetanus advancing with rapid strides. At ten we met. By this time the jaws during the intermissions scarcely admitted the point of the little finger, and during the paroxysms were closely locked. The stiffness of the neck was greatly increased. The head was fixed immoveably during the intermissions; and during the paroxysms was drawn forward, with the face turned a little towards the left, and with the occiput of course inclined as far towards the right. Often while the attendants were laying him back in bed, and when the head was yet a few inches from the pillow, he was drawn forward with a sudden convulsive jerk to the sitting posture. There was always great difficulty of deglutition, and, during the paroxysms, of respiration. We immediately filled nine

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large sized tea-cups with blood from his arm. The quantity, taking in what was in the plate and on the floor, must have exceeded four pounds; and the stream was the largest that either of us ever witnessed. The tetanic symptoms immediately abated. A few pil. aloes c. coloc. were given, and gr. iiifs. of opium were left to be taken in an hour.

In the evening the jaws and neck were still a little stiff, and there was considerable pain in the back part of the head. We contented ourselves with giving a little physic.

Next morning, at ten o'clock, finding not only the stiffness of the jaws and neck, but also the pain in the back of the head, greatly increased, we filled five saucers with blood from the temporal artery. The quantity of blood might amount to ℥xxv. During the operation he almost fainted twice. The same dose as yesterday of opium, preceded by a few purgative pills, was ordered. From this time forward we did not witness one formidable symptom of the disease, although for eight weeks he continued to be more or less troubled with convulsive contortions of the head. Purgatives during the day, and opiates at night, were continued till every spasmodic symptom disappeared. To follow out the history of the hand is at present unnecessary. Suffice it to mention, that at this moment a probe can be made to rattle amongst the carpal bones, and that he is hesitating about allowing an operation to be performed. In other respects he is at present in perfect health and strength.

The subserviency and adaptation of the voluntary powers throughout all the animated world to the cravings of the stomach, and the intimate sympathy that is conspicuous at every step of pathological research between the stomach and the voluntary organs, warrant the conjecture that the stomach is the primary seat of this disease. The pain and swelling in the epigastric region, and the appearances after death, almost confirm this opinion. I attended a farmer a few years ago in the parish of Cambernauld, who laboured under an hysterical disease, which passed through the following succession of symptoms every morning:—He became languid, and unable to speak; the head by and by fell down upon the breast; then, with both fists clenched, he gave the breast a number of most unmerciful blows; then with gaping mouth bellowed out a wild convulsive laugh; then served the head as he had done the chest; then screamed out another wild laugh; after which he often got free belching off flatus from the stomach, and soon recovered. But when the flatus could not at this period escape, his whole body became stiff and straight as the trunk of a tree, and rolled along the

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floor; at length, after another laugh, and free belching, the fit terminated. I call it an hysterical disease, in distinction to epileptic, because he could hear and remember what was said to him during the fit. In this case the stools, which were regularly preserved for my inspection, emitted large bubbles of gas. This man, before the fits had entirely left him, underwent, by advice of a strolling doctress, the following notable remedy:—A bannock made of his urine and meat was given to the dog. Soon after this the fits entirely disappeared. The cure was ascribed to the doctress; and the medicines, in spite of every remonstrance, were discontinued. The disease has, it seems, lately returned. From this case, I argue that, if the œsophagus had persevered in refusing exit to the flatus, the fit would have continued, and the man would have died of tetanus, or something like it. Now Larrey says, that "in the examination of the bodies of persons dead of tetanus," he "found the pharynx and œsophagus much contracted, and their internal membrane red, inflamed, and covered with a viscid reddish mucus." The rationale then of the treatment in the above cases is, first, to reduce the irritability and tone of the parts exterior to the stomach, and then to brace up the stomach, and restore it to the exercise of its functions. Although distention of the stomach is the primary cause of the disease, it is not to be understood that this condition of the stomach remains throughout the disease the solitary and unassisted cause of all the symptoms. This condition of the stomach forbids sleep, so necessary to the animal functions, and lays a restraint upon all the secretions and excretions in the body. Thus the original cause soon spreads from the stomach over all the vital organs. It is by this very spreading and gradually involving other organs in the disease, and at the same time locking them up so that they cannot assist with their critical discharges, that tetanus, as it advances, gathers so much strength, and, when unassisted, proceeds so rapidly to a fatal conclusion?

Glasgow, Sept. 2, 1816. *Annals of Philosophy.*

For the London Medical and Physical Journal.

Mr. Woodham *in Reply to Mr. Walker.*

"AN irresistible propensity to the *cacoethes scribendi*" forms the *fourth* charge (I have already answered three) which Mr. Walker has brought against me. To this I have to reply, that, admitting the habit of occasionally writing, particularly against *innate essences*, common-place observations and variolous journals, the accusation comes with a peculiarly

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peculiarly ill grace from one whose sesquipedalian essays so *regularly* present themselves to the readers of the Medical and Physical Journal.

Permit me, Mr. Editor, to avail myself of this opportunity to remark, that, though your Nestorean Correspondent's practical observations on small-pox are not accompanied by Sydenham's hypothesis, they are adorned by the equally-luminous one of his own; and, though disposed to pay every deference to your opinions, I cannot conceive that *any* practitioner, howsoever young, could be at a loss for the treatment of that most loathsome disease, when it were to be found in every system, compendium, and *vade-mecum*, of medical practice.

London; Dec. 6.

For the London Medical and Physical Journal.

[Dr. Adams has favoured us with the following history of a second small-pox, all the symptoms being related by the subject himself, the Rev. Mr. Coleridge, Minister of St. Andrew's, Holborn.]

MY DEAR SIR,

IN 1789, a woman, with a child in her arms extremely ill of the small-pox, which was then very general in the village, came to consult my father. By mistake she brought the child into the room in which I was, and remained a considerable time at the door, till my father arrived. This child had the confluent small-pox, and died on the following day; and the woman, who had probably taken the infection from the child, had it very badly, but recovered. I was then about ten days old. My father concluded that I should be infected, but concealed his fears from my mother, who some time after perceived that I was unwell, appeared dull and heavy, and made a constant moaning. Shortly after some eruptions appeared in various parts of my body, to the number of fifteen: these came to maturity, and fell off in the usual way; and it was not till then that my father informed my mother that I had had the small-pox in the most favourable manner, and related the way in which he supposed that I had received the infection. As my father was a medical man, and in the constant habit of seeing the small-pox, it is not probable that he should have been under a mistake. To this I would add the testimony of my nurse, and another medical person, who saw me whilst under the disease; and my frequent exposure to infection since that time without any ill consequences, especially at the age of three years, when

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when I played and mixed with a family of children during the whole time they were under the small-pox. The fact, therefore, of my having had the small-pox in my infancy seems to be placed beyond all reasonable doubt.

On the 26th of October, 1816, I was sent for to baptize a child in King's Head-court, Gray's Inn-lane. On my arrival, I found the family in a small room on the first floor, as the end of the alley. In one corner was a coffin, in which was the body of a child that had died of the small-pox. On the knee of a woman was another, very ill in the confluent sort; and on the mother's lap a third, on which the eruptions were just appearing. The window was closed, to prevent, as they said, the dead body from turning too soon; and, from the closeness of the room, and the unpleasant smell, it had probably not been opened for some days. After I had baptized the child, I remained some time longer, conversing with the parents, but did not then experience any peculiarly unpleasant sensations from the state of the air.

On the morrow I called again. On my entrance the smell was much more disagreeable than before; and, on my opening my mouth to speak, such effluvia passed down my throat as almost turned my stomach. This visit did not last more than a few minutes; and, as I had taken the usual precaution of not swallowing the saliva, and had already had the small-pox, I felt no alarm from this circumstance.

From that day to the 9th of November, I enjoyed very good health. In the afternoon I was exposed for some time to a draft in rather a warm room, and, feeling myself very weary and listless in the evening, I concluded that I had taken cold, and, in consequence, retired early to bed. On the following day, which was Sunday, I could take but little care of myself. I felt qualmish, my head was unsteady, and I had a dull aching pain in my legs. Some magnesia, however, gave me temporary relief, and enabled me to go through the duties of the day. On the Monday these symptoms returned, though the unsteadiness which I had felt was exchanged for a dull bursting pain in my forehead, and particularly between the eyes, which were now so weak that I could not bear the light. My appetite was gone; my pulse were quick; my tongue coated. From these I was again partially relieved by some more magnesia and rhubarb. I should have mentioned that I had, now and then, for a few moments, a passing pain in my back; but I do not remember feeling any pain in the pit of the stomach. On Tuesday I found myself so unwell, that I thought it proper to call in medical aid. The medicines prescribed for that and the following evening threw me each time into a violent perspiration,

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spiration, and acted rather powerfully on the bowels. After two or three hours of unrefreshing sleep, on the Wednesday night, I awoke about midnight, and lay for five hours unable to sleep. My mind passed in rapid succession from one idea to another, without my having the power to fix it for a moment almost on any one; and my feelings in my head were such, that I concluded I was going to have nothing less than a brain fever. This long wakefulness was succeeded by a short sleep, from which I was soon roused by a highly delirious dream. My next slumber was more composed, and I felt refreshed; and, to my great astonishment, I arose at noon, and felt as if nothing more was the matter with me than that I was unusually weak. I was surprised, however, to perceive my forehead, and several parts of my body, covered with eruptions. On the Friday they were more numerous and distinct; and it was not till then that any suspicion of my real complaint arose, or the occurrence of the 27th was brought to my mind, by a question whether I had ever been vaccinated, or had had the small-pox. The relation of this strengthened the suspicion, and the appearance of the eruption on the Sunday put the matter beyond all doubt. The pustules have gone through the usual stages, and I am now almost entirely recovered.

I must apologize, &c. [the remainder of the letter is on a different subject], and am, my dear Sir,

Your most obedient and humble Servant,

St. Andrew's-court, Holborn; W. H. COLERIDGE.
Dec. 7, 1816.

P.S.—Should you wish to make any further enquiries, it may be proper to mention that I was attended by Dr. Southey and Mr. Wells. Dr. Southey, however, was called away on the Tuesday night, and did not return till it was decided that I had the small-pox.

(To Dr. Adams, Hatton Garden.)

For the London Medical and Physical Journal.

Report on a Memoir, by BARON LARREY—*"Notice on the Effect of Balls lost in the Cavity of the Thorax."* Read at the Royal Institute on the 21st of October, 1816.

BARON LARREY has been employed in military surgery during the last twenty-five years. He has made every campaign, from the burning sands of Egypt to the frozen deserts of Russia, always as surgeon-in-chief of armies the most numerous, the most victorious, and those which

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have experienced the most cruel vicissitudes that modern history can recount. No surgeon has ever had, or perhaps ever will have, so many and such vast opportunities of exercising the most active and the most important branches of surgery; and assuredly none will ever exhibit more zeal, skill, or humanity, than Baron Larrey.

He has already collected, in 3 volumes octavo,* (which he has presented to the Academy,) a number of facts, which demonstrate great improvements in the art.

The labours which he has to-day presented, under the modest title of a *Notice*, is not less interesting. It may be regarded as the further development of what he has printed in his collection on the effects of the empyèma: it has, nevertheless, a special object.

The author had already developed, with the sagacity of learning and experience, the effects of an extravasated fluid, when lodged in the cavity of the thorax, during a longer or shorter period; or when a salutary operation gives, or has given, an issue to this fluid.

I will not repeat here what may be read in the work itself, only remarking that the Baron Larrey had already observed the resources which nature employs to fill the immense void left in the breast by the evacuation of the pus or other fluid which it contained,—a void occasioned as well by the contraction of the lung upon itself as by the retrocession of the hard and soft parts which surround the breast, and of the viscera it contains, or are contiguous to it.

He had given the most salutary advice, according to the best precepts of the art, in order to diminish the ill effects of the entrance of the air, whether depending on the compression of the lungs, or the inflammation, suppuration, or the decay of the membranes which line the capacity and envelope the lung.

Though wounds penetrating the breast, and the extravasated matter which is the consequence, are always dangerous, yet it must be admitted that the operation for the empyèma

* Memoires de Chirurgie Militaire et Campagnes, de D. J. Larrey, First Surgeon of the Emperor's Guard, Baron of the Empire, Commander of the Legion of Honour, &c. &c.; Inspector General of the Service of Health of the Armies, &c. &c. 3 vols. plates. This invaluable work, now in the course of translation, will comprise the author's MS. notes on the campaign in Russia, which present circumstances will not permit to be published in France. They contain all the remarkable phenomena presented by that unparalleled campaign. The translation may be expected to appear in the course of the winter.

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which relieves the principal disorder, becomes a new one, so dangerous that, notwithstanding all the care of Baron Larrey, he has lost the greater number of his patients.

It nearly always happens that particular and foreign causes intervene, to which are to be attributed the fatal termination. One falls from the repercussion of the suppuration, and the cutaneous perspiration produced by the impression of a cold and humid air. A second owes a relapse to intemperance. A third survives a year, and falls into a mirasmus. A fourth, less favoured, dies in a few days, from the effects of the putrefaction of the extravasated blood, which the operation has not perfectly extracted; or from an internal hæmorrhage, of which it is impossible to discover the source: but it is very evident that all these phenomena (epiphænomines) relate to the primitive disorder; that they happen during the long space of time which even the most fortunate treatment requires, and which would infallibly lead to a cure. In fact, it requires a long time to produce that modification of the membranous coats of the thorax which attracts them to the centre, and directs them toward the internal organs,—while these latter, becoming capable of developing themselves, extend likewise towards the membranous lining of the cavity; and thus, together, concur to fill up the void left by the extraction of the vast quantity of extravasated matter whose presence had deranged the natural organization of the parts, and, by its pressure, had contracted the lung in a manner irreparable, except by the long exertion we have already noticed.

It is this exertion on the part of nature, the continuation of which can alone lead to a cure, that Baron Larrey has discovered and observed, which he has accurately described in the memoir now under consideration, and which offers, at the same time, an example of the resources of art, when a foreign body retained in the thorax produces a surface of suppuration.

A young non-commissioned officer received, in a combat under the walls of Paris, a ball which carried away the upper edge of the fourth rib, on the right side, crossed the lung, and stopped, probably, in the vicinity of the vertebræ. The wound was extremely dangerous, attended with hæmorrhage by the mouth and the wound, and the pain was so extreme that the patient was in great danger of expiring. He was conveyed to the Hospital of Gros Ceillou, three months after receiving the wound, in August, 1814. He had, on the upper part of the right side of the breast, a fistulous wound, connected with the formation of matter in the pectoral cavity, from which exuded pus, on laying on the

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the right side, with his head hung down over the side of the bed. This suppuration, and the slow fever which accompanied it, had reduced the young man to the last state of marasmus. Baron Larrey probed the wound, and discovered that it descended to the eighth or ninth rib, where he touched a hard metallic body, which could be no other than the ball. He decided on making an opening between the eighth and ninth ribs, which were much dilated, instead of the operation of the empyèma. There exuded three basons (palettes) of pus, which permitted the extraction of the ball. Some accidents took place, but were soon calmed. The third day the pus ceased to issue by the fistulous wound, which was soon healed. Sleep and appetite returned; the quantity of pus issuing from the new wound diminished daily; the side of the breast affected gradually sunk in, and the nipple descended two fingers' breadth; the intercostal spaces diminished in proportion, and a probe entered the wound with difficulty; and the patient seemed to be cured, when he drank brandy to excess, which produced acute pains and a burning fever, which carried him off three months after the operation, and six after receiving the wound.—On opening the body, the upper wound was found cicatrized, and the seat of the disease confined to a very small distance from the lower wound. The pleura costalis had acquired an extraordinary thickness. The mediastinum was directed towards the wounded side. A spongy mass, formed, doubtless, from the cellular membrane of the lungs obliterated, filled the upper part of the thoracic cavity. The two ribs between which the operation had been performed approached each other, towards which the rest of that side tended, and were becoming round instead of flat.

We have seen this piece, which was presented to the Academy; and, if it shews us the attempts of Nature in operating a cure, it shews us, at the same time, how difficult it is to attain it.

The thing is not, however, impossible to the skill and perseverance of Baron Larrey, who knows so well how to multiply and to modify the resources of his art, as occasion demands, of which the following case affords a signal proof.

Louis Claye, æt. 26, received a gun-shot wound at the battle of Mohilow, in Russia, the 22d July, 1812. The ball entered the breast by the interval of the eighth and ninth ribs of the right side, and, coming from a great distance, it lodged in this part of the pectoral cavity. The wounded man lay two days on the field of battle before he was carried to the Hospital. He had lost a great quantity of blood, the flow of which was at first stopped by weakness, and afterwards

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wards by the pieces of his uniform which the ball had carried in with it, and which the blood had driven back to cover the wound; but he continued to spit blood, and he was nearly suffocated by the mass of this fluid in the breast; when a surgeon, enlarging the wound, extracted several pieces of the uniform, and gave vent to about a quart of sero-sanguine matter, mixed with several black clots of blood. The patient was restored to life by this operation, which was succeeded by only simple dressings; and, in a few months after, he was in a condition to be transported successively to the hospitals of Cowno, Königsberg, and Thorn. The wound closed spontaneously; but new symptoms of oppression of the chest appeared, and yielded to the spontaneous opening of an abscess formed on the edge of the false ribs, and which gave issue to several pieces of cloth. This abscess cleansed itself, and was cured; but the wound in the intercostal space re-opened, which was dressed in the usual manner, and a fillet of linen kept upon it, in the persuasion that the ball still remained in the seat of the disorder. Yet this man, after being conveyed from hospital to hospital, passed two years at home, and four years after his wound he was received at the hospital of Gras Caillou, viz. on the 19th June, 1816.

Baron Larrey probed the wound, and discovered the ball in the bottom of the right cavity of the breast. The orifice was small, the suppuration abundant, and the patient had become hectic. Yet the Baron determined on extracting the ball; but the intercostal space was so diminished that the ribs nearly touched each other; so that there was no other resource than the section of one of the ribs. This operation, which was very difficult, and also dangerous on account of the proximity of the intercostal artery, suggested the idea of cutting away the upper part of the lower rib; which was obliged to be done to such a depth that the rib was nearly cut through (and on the lower edge of it runs the intercostal artery), in order to introduce the forceps to extract the ball, which was at length obtained, but not without much difficulty. The patient supported the operation with great courage. The wound was dressed, and bandaged in the ordinary manner; and the administration of antispasmodics calmed the irritation.

The seventh day after the operation, (all going on well,) the patient, stooping to ease nature, broke the fragment of the rib operated upon, and the rupture of the intercostal artery produced a dreadful hæmorrhage, which was at length stopped; but the patient had no pulse, his members were cold as death, and death itself seemed approaching. Cordials,

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good wine, and frictions of æther, restored him a little. Symptoms of low fever followed: his strength was exhausted; he felt dreadful pains in the region of the liver; and the wound, which assumed a very bad appearance, became very painful. Large blisters were applied around it; an emetic produced copious evacuations; appropriate dressings, and the use of bark, and other tonics, at length removed the alarming symptoms. His strength gradually increased; the wound cleansed itself; the suppuration was abundant, and of a good quality; and, at the end of thirty days, the patient was discharged cured.

We have seen this man in a good state of health, in spite of his being extremely wasted by the recent disorder; and we have ascertained the following picture, drawn by the Baron, to be strictly correct.

"The void resulting from the principle of evacuation of the extravasated fluids in this cavity, with the exception of the passage from the seat of the fistulous wound, was gradually filled by the process of contraction, to which the coats of the breast had been subjected, during the four years which had passed from receiving the wound. In fact, the ribs have lost their curvature, as in the first case; and are, doubtless, become cylindrical. The sternum is more flattened on this side than on the left. The diaphragm and the liver are considerably elevated in the thoracic cavity: this elevation has rapidly increased, as well as the approximation of the other parts, since the operation, no longer experiencing any obstacle. These phenomena are characterised by the sinking-in of that side of the breast, the situation of the right nipple, and the void space perceivable under the edge of the false ribs, where, before the operation, the part was distended by the liver, &c."

This picture, traced by the Baron, shows, not only the wonderful resources of his art, but also the still more surprizing operations of nature, in perfecting a cure. She had employed four years, which, we see, were necessary to approximate the soft and solid parts of the coats of a great mass of purulent matter. Art had not tormented him, under the pretext of hastening a cure; and, if accidents have restrained the progress of Nature, she has been of herself able to surmount them, and they have been proportioned to the primary disorder. Nature acted in silence; our steps are quicker, but we often stumble. These truths add a new interest to the observations of the Baron.

We perceive in it the slow progress of nature, aided by the genius of art, when her own exertions were insufficient. We were aware by what gradual efforts nature cicatrizes,

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and thus approximates parts the most distant, and repairs the greatest losses of hard and soft substances, even of the bones under many circumstances; but I am not aware that any one has observed and described, like the Baron Larrey, the general tendency of all the constituent parts of the breast, and the viscera which it contains, or which border upon it, to fill up the void left by the operation of the empyema, and the abundant extravasation of a fluid, and its residence in one of the pectoral cavities.

The Baron Larrey is not a person to dash forward in an unknown operation, for the sake of experiment: he is acquainted with all the resources of his art; and, if surgery is for him, as for another, a transcendent mean, he nevertheless owes his greatest success to the methodical use of a regimen varying, according to circumstances, to a just and sage modification of moral and physical objects which may have an influence on the patients, and the skilful administration of internal remedies, as well as to external applications; and his upright conduct proves that surgery is only useful when properly seconded by internal medicine—that their means ought to be inseparable, notwithstanding the prejudices of ignorance and intrigue, which, in our days, would establish a contrary system.

We decline repeating the medical treatment of Baron Larrey, in all the cases which have come under his care, in order that the length of our Report may not exceed that of the Notice.

We conclude by bestowing great approbation on the labour of the Baron Larrey; and, though the memoir is properly a continuation of what he has already printed, yet here is a special object, touching foreign bodies lodged in the breast; and it offers, besides, a new and interesting picture of the efforts of nature; we therefore propose to the Academy to insert it in the next volume of the Memoirs of learned Foreigners (des Memoirs des savans Etrangers).

Signed DESCHAMPS.—PELLETAN, Reporter.

The Academy approves the Report, and adopts the conclusions.

Certified to be conformably to the original.
The Perpetual Secretary, Counsellor of State, Chevalier of the Legion of Honour,
G. CUVIER.

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COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

Quicquid agunt medici,
nostri farrago libelli.

WE have so much continental matter, and some of it has been so long on our shelf, that we must dedicate to it and our remarks the division of Collectanea for this month. We have selected such as are immediately or remotely connected with contagion.

The first is a communication from Dr. Von Embden, of Hamburgh, containing "*Observations on the Nature and Treatment of Syphilis;* by Dr. ALLINHOFER, Physician to a Lock at St. Petersburgh.

"Chancre poison, given to dogs and cats, internally, mixed with bread and milk, produced no disturbance in their state of health; but it killed greenfinches and sparrows. A budding rose, when touched with it, faded immediately. Leeches did not suck blood that was mixed with it, and dropped off instantly when touched with it. Milk, warm from the cow, was by it brought to curdle directly. With milk just drawn from the vein it mixed so intimately, that it could not be distinguished, and promoted its coagulation. Oxymuriatic acid, nitrate of quicksilver, and a saturated solution of oxymuriate of quicksilver, destroyed it immediately. When mixed with tepid water, it was precipitated after a little while. Gonorrhœal matter first floated on the water, but, when stirred, it united with it, forming a turbulent whitish flaky liquid. Inoculation of chancre poison in a dog, produced upon a red ground a small pimple filled with pus, but more like a variolous pustule than a chancre, and soon healed again. A wound in the leg of a dog got an unhealthy appearance, through the introduction of syphilitic poison into it; several phagedenic ulcers arose around it, but had more the appearance of scrofula than of syphilis: the dog died, in a week after, with atrophic symptoms. Gonorrhœal matter, introduced into the urethra of a dog, produced a similar discharge, which lasted a few days; introduced into a wound, it appeared to accelerate the cure. Syphilis seems to be nearer related to scurvy than to scrofula;—thus do chancres, in scorbutic subjects, always assume the appearance of that morbid form. Its deep seat, pale circumference, dark red edges, and perpetual

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tendency to suppurate, plainly mark a chancre; whereas the corrosion of the ulcer, the fluidity of the pus, the tendency to bleed, and the titillating pain, signalise its scorbutic complication. Matter, from a scorbutic ulcer, applied to a simple chancre, renders it unhealthy, and produces such a change in it, that mercurials cannot be made use of for some time. Phagadenic water, mixed with scrofulous matter, leaves the simplest chancres uncured, but makes them rather more unclean; but syphilis maintains its own form in scrofulous patients, and produces peculiar ulcers next to the scrofulous ones; neither does scrofulous matter produce any alteration in syphilitic ulcers. In dying people, Dr. A. always observes the chancres to become dry, the pale red ring to disappear, and buboes and swelled testicles, if ever so hard, to become soft, provided they were not scirrhous. The latter symptom he considers as a certain prognostication of approaching death.

"In the bodies of those who had both chancres and buboes, he found, after death, the absorbents, from the genitalia to the inguinal glands, not only inflamed, but as it were corroded, the lymph thus appearing to be more than a mere conductor of the syphilitic poison.

"Fresh vaccine matter, applied to a simple recent chancre, caused a burning, which went off again after half a minute, followed by great itching, which lasted for half an hour; whereupon the chancre directly appeared already changed into a healthy ulcer, and, after three days, no further mark than a scar was perceptible, though no remedy whatsoever had been applied. In chancres of long standing, and such as had already been treated with antisyphilitics, vaccine matter had no effect whatsoever. Variolous matter produced no alteration. The progress of local syphilis, at other times so rapid, was at a stand during vaccination.

"What regards the treatment, Dr. A. makes use only of mercurial preparations, having been taught, by experience, that all other remedies recommended against this disorder do not answer the purpose. Among 1000 cases, he met only with four, where, from a peculiar idiosyncrasy against quicksilver, the application of acids became necessary; and with eight, where mercurials, having produced ptyalism as early as the fourth or sixth day, acids were obliged to be resorted to.

"No advantage was derived from decoctions of barks and roots, except a concentrated decoction of the cort. salicis, in syphilitic gout and exostosis. It indeed dissolves the tophi, and relieves nocturnal head-aches, even without the use of mercury; yet they return again after a while. It does effect a radical cure, when given in conjunction with the mineral, particularly the hydrargyrum nitricum. This latter preparation operated almost specifically in obstinate syphilitic rheumatalgia. Of 100 patients who had already laboured many years under this painful disorder, 63 were perfectly cured; and the cure, which seldom required longer than a month, was perfect and permanent. He dissolves one part of the

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the metal in two of nitric acid, of which he gives from one to three drops, night and morning. A morbid state of the organs of respiration or digestion, and general debility of the organism, prohibit the use of this preparation. Sometimes, though but seldom, it produces vomiting, diarrhœa, and colic, which are to be obviated by opiates. Swelling of the gums, and ptyalism, generally take place about the tenth, seldomer as soon as the seventh, day;—the remedy is then to be laid aside, and resumed when these symptoms have disappeared.

"The great utility of gonorrhœal inoculation, in cases of metastasis, Dr. A. found confirmed by manifold experience. Among others, he relates an instance of a man, who, the gonorrhœa having been stopped after catching cold, suddenly lost the hearing of the left ear, which, after a few days, filled with a fluid like gonorrhœal matter. This same fluid was inoculated in the urethra, and, after twelve hours, the former discharge re-appeared, with great scaldings; and, on the following day, the running from the ear disappeared, and hearing was restored. In gonorrhœa of long standing, and even in simple ones, he recommends injections of a solution of lapis divinus in goulard-water as particularly useful; besides which, in very obstinate cases, a small blister is to be applied to the perinæum. Indurated buboes are to be softened and maturated by cataplasms of black bread and vinegar, or, which is still more effective, by sinapisms.

"In gangrenous buboes, the following method is said to be very efficacious:—powdered calmus is to be strewed in the wound, in one or more lines thickness, which is to be moistened with oil of turpentine, until it becomes like a poultice. When the edges of the wound become much inflamed and projecting, they are to be covered with cerate of lead, which mode of treatment is to be persevered in till every vestige of gangrene and impure suppuration is gone; after which the wound is to be quickly healed up with goulard water."

*** The above is worthy of recording, but most of our readers will see the deficiency of the paper, inasmuch as the local appearances of none of the diseases mentioned are sufficiently marked to ascertain their true character.

The next paper shows that, if we often accuse our countrymen of confused terms and want of arrangement, they are complete philologists and logicians, compared with the French pathologists.

"*Is the Yellow Fever contagious?* The history of yellow fever involves an important question, which it would be most desirable to solve, viz. whether or not it is contagious? This solution, so interesting to all nations, is particularly to be sought after by those whose commercial communications are frequent with those countries where the fever is prevalent. Physicians of eminence, such as Chisholm, Wright, Ling, Currie, Makittrick, Pugnet, Aregula, Palloni, Cailliot, Thebaut, Bally, &c. maintain its contagious

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tagious nature; while others, of not less repute, as Devèze, Valentin, Miller, Dalmas, Smith, Savaresi, &c. entertained a contrary opinion. Again, Gilbert, Clark, Humboldt, and many others, have thought that the fever in question is only *contagious* under certain conditions of locality and temperature. Rush is well known to have first adopted, and afterwards abandoned, the contagious creed. M. Moreau de St. Méry asserts, however, that Dr. Rush declared, on his death-bed, that he had denied contagion for a particular reason, although he had never, for a moment, altered his belief in the infectious nature of yellow fever. He disavowed, in his last moments, every thing which he had written in favour of non-contagion. 'Il a désavoué a son heure suprême, tout ce qu'il avoit ecrit en faveur de la non contagion.'

"All these authors had opportunities of seeing the disease, both in America and Europe, and speak from experience. We shall now give a fair exposition of the arguments on both sides. We believe, however, that much of the discrepancy of opinion among physicians on this point has arisen from the different ideas attached to the word contagion. Thus some pathologists admit, that the matter of contagion may be transmitted to a certain distance, through the medium of the air, while the greater number consider it as resulting only from mediate or immediate contact—contagium a contactu. Are there not many diseases, for instance the plague and typhus, which may be communicated in either way?

"According to Ulloa (Relacion Historica del Viage a la America Meridional, &c.), the South-Sea galleons, having sailed from Panama, in 1740, for the purpose of placing the treasure in security at Guayaquil, carried to this latter colony the yellow fever, which there committed great devastation, especially among the seamen and strangers, the people of the country being nearly exempt from its influence. In 1741, some strangers introduced the disease into Malaga, by means of merchandize. (Villalba, Epidemologia.) Lind reports, that the body of a young man who died at Barbadoes, of yellow fever, having been opened at Philadelphia, spread the disease throughout the city. The same physician speaks of that which prevailed at Cadiz in 1764, as having been imported from America. The fever which broke out in the United States in 1793, was, according to Bally, introduced there by the French colonists, who emigrated thither from the West Indies, to escape massacre. The corvette, Dolphin, which conveyed the governor of Havannah to Cadiz, carried to this last place the fever under consideration, which first attacked those who had communication with the baggage, but afterwards spread through the city. Great numbers of the inhabitants, who fled in all directions into the adjacent villages and country, carried the contagion along with them. Whole families, who remained in Cadiz, but kept themselves insulated, escaped the fever. (Aregula.) During the epidemic at Leghorn in 1804, we are assured, that those who avoided all communication with the sick were unaffected

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by the contagion. (Palloni.) In 1802, a new epidemic ravaged Philadelphia, shortly after the arrival of a packet vessel from Cape François. (Bally.) Aregula observed at Malaga, 1803, that, on every Monday, a great number of people fell ill, from their meeting together in the churches the preceding Sunday. The yellow fever prevailed at Antequerra in 1804. After a solemn procession for imploring divine interposition, the mortality was more than doubled.

"The learned M. Thiebaut de Berneaud, who was present at Leghorn in 1804, when yellow fever desolated that city, and who addressed, on this occasion, a most animated epistle to Professor Desgenettes, entertains no doubt of the disease having been imported. We shall here give some important details of M. Thiebaut, relative to this importation.

"On the 18th of August, 1804, the Spanish ship Anna Maria cast anchor in the Port of Leghorn, on her return from the Havannah. During the voyage, almost the whole crew died of yellow fever. Having previously touched at Cadiz, she was refused entrance there; but, what was still more inhuman, she was furnished with a fresh crew, and a bill of health! A few days after casting anchor in Leghorn roads, two sick men quitted the vessel, and went to lodge at an inn. Three days after their debarkation they died. Twelve others, who lodged in the same house, fell in succession; and the inn itself became a focus of contagion. A Neapolitan, who lodged at this inn, decamped, in order to escape the disease; but, six days after his departure, he was seized with yellow fever, and died. A baker, of Leghorn, having sold some biscuit on board the Spanish ship, left there the bags in which it was contained, during two days, when they were brought on shore, and slept upon by the workmen of the bake-house. These all died, as did the baker and his wife, the infection spreading through the whole house.

"M. Pachaud, of Nice, a rich merchant, settled at Leghorn, purchased, from his peruke-maker, a plume of feathers that had been imported in the Anna-Maria from America. He was seized with the yellow fever, and died, as did his wife and servant. The perukier shared the same fate.

"A French butcher, who lodged at the inn already mentioned, died of the yellow fever, as did his wife. A French officer, and the mistress of the inn, who had visited the two persons above-mentioned, during their illness, survived them only four days.

"The officers of health that were stationed on board the ship during her twelve days' quarantine, almost all the caulkers that had been employed in caulking the vessel, and several inhabitants of the houses on the Mole, were seized with yellow fever and died.

"The ship was laden with sugar, logwood, sarsaparilla, hides, &c. which goods were landed and deposited in two stores, situated in different streets. The fever committed uncommon ravages in these

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these two streets. Two persons employed in transporting these goods died, between the fourth and seventh days; and the man who had charge of the stores died on the second day. Such are the principal facts on which M. Thiebaut grounds his proofs of the yellow fever of Leghorn being contagious.

"M. Moreau de St. Méry, who lived in the midst of the most destructive epidemics of the yellow fever, for thirty years, at Martinique, St. Domingo, and Philadelphia, has often seen proofs of the yellow fever being contagious; but adds, that this dreadful character does not appertain to every epidemic of that disease.

"M. Moreau de Jonnes, whose testimony also is entitled to the greatest respect, is convinced that this fever is sometimes contagious; but he has seen epidemics without any infectious properties.

"In the memorable epidemics of 1802 and 1803, which ravaged the West Indies and several parts of the United States, the yellow fever, he maintains, was certainly contagious. Of thirty-two persons attached to the staff major of the army in Martinique, thirty-one died, leaving M. Moreau the only survivor. At this period, the medical officers were almost all carried off by the fever. The following authentic fact, communicated to us by M. Moreau de Jonnes himself, seems very conclusive on the question of contagion. The French brig Palinurus having, in the year 1803, moored in the harbour of Fort Royal, Martinique, was soon visited by the yellow fever. The mortality being considerable, the governor ordered her out on a cruise, in hopes of checking the disease. While at sea, she fell in with the English brig the Carnation, coming from Europe, and an engagement ensued. The French captain boarded, and captured the Englishman; and the greater part of the crew of the latter were, of course, transferred to the former. Of these, a great number were seized with yellow fever. In this case, no doubt could be entertained of the disease having been communicated by contagion,—since the English sailors had not set foot in any part of the West Indies, and, consequently, had not been exposed to the causes of yellow fever, except on board the Palinurus.

"We shall close the evidence on this side of the question, by adducing the opinion of M. Desgenettes, who has pushed his researches on the subject to the greatest length, especially as far as regards the yellow fever of Spain and Portugal. He founds his opinion of the double nature of the disease on the observations of competent judges, who have seen this fever originate and develope itself in the middle of the Peninsula, particularly in the fifteenth and sixteenth centuries, without the possibility of communication with other infected countries; and, on the other hand, on the demonstrative proofs of importation and contagion, which, of late years, have multiplied so as to remove all doubt from the mind of scepticism itself. He refers to the inestimable work of Dr. Joachim de Villalba, entitled Epidemiologia Espanola, Madrid, 1802, who traces back as far as the year 476, B. C.; also to the 11th vol. of Corvisart's Journal.

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"We now come to the authorities for the non-contagious character of yellow-fever. M. Louis Valentin, well known by his excellent writings, and who has published a distinct treatise on yellow fever, denies contagion in every instance. This gentleman has communicated to us the following facts and reasons, on which he grounds his opinion.

"To resolve this question, it is necessary to examine it with a mind untainted by prejudice or partiality, and disciplined by long experience. It is by seeing yellow fever several times, in various places, and under all its different aspects, that we can, with any prospect of success, attempt to remove the veil of obscurity from this subject of contention among European physicians. As those who have studied and observed this fever most, are evidently entitled to the greatest degree of credit, so the medical practitioners of North and South America have a manifest advantage over all others.

"Among the physicians of the United States, there is scarcely a dissentient voice, excepting two or three of the elder members of the college of Philadelphia, particularly Drs. Currie and Hosack. Of Dr. Rush it is needless to speak. The Spanish physicians, Desessé and Mociso, who have resided a long time, the one in Mexico, the other in Peru, where they had abundant opportunity of observing yellow fever, assert, that it is entirely devoid of any contagious character. M. Humboldt also has written to this effect in the Journal Général de Médecine.

"If we examine the English authors on this subject, we shall find but a very small number in favour of contagion. Those English practitioners, however, who have resided longest in the West Indies, and who have had the widest field for observation in yellow fever, are not those who have written most on the disease. M. Valentin has conversed, or been in correspondence, with many of these, and they are entirely of his opinion. We must not, he remarks, be led away by Ling or Chisholm, whose minds were evidently biassed. ('Qui ont imprimé aux esprits une mauvaise direction.') The former had but a limited experience. He has given, indeed, a very good description of the epidemic which he witnessed at Charlestown; but he has mistaken the cause, which was local. He, as well as Rush, has led many practitioners into error. Besides, it is more than half a century since he saw the disease which he considered as imported; but Moultrie and Mackitrick were of a very different opinion. Chisholm only saw the yellow fever in 1792, 'et, comme un Medecin Navigateur, s'est trop pressa d'ecrire: il s'est trompé dans presque tout ce qu'il avance.' Dr. Caldwell, of Philadelphia, has, in the Medical and Physical Memoirs, so refuted Dr. Chisholm, that the latter has been unable to reply. Rush, Moseley, and Miller, have also shewn the sandy foundation of Dr. Chisholm's doctrine.

"During three years that M. L. Valentin resided in St. Domingo, only a few sporadic cases of yellow fever appeared in the hospitals of Cape François. But in other quarters it was prevalent, especially

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cially among the troops that were in the habit of bivouacing. At Jean Rabel, almost the whole of the soldiers were cut off by this scourge, towards the close of 1791-2; and this period, says he, certainly appeared the commencement of a new era in the icterode fever, which afterwards pressed so heavily on different parts of the colony, during the horrors of the revolution, and particularly after our flight to North America. M. Valentin is sure that those who came from Jean Rabel to the Cape were unaffected by fever, and were colonists, or those long resident in the climate. It was morally impossible, therefore, that the fever could be carried by any person from Cape François to Philadelphia in 1793, when the disease manifested itself epidemically in that ill-fated city. The Anglo-Americans, it is true, accused the new comers of having brought with them the contagion, although it was notorious, that no epidemic of the kind prevailed at St. Domingo at this period. The greater part of the refugees were landed tumultuously from the fleet of Vice-Admiral Cambi, at Norfolk, and other parts of Virginia, without incurring any such charge. Here they became domiciliated, and here M. Valentin established an hospital of the sick soldiers and sailors; yet not an inhabitant, native or stranger, exhibited any symptoms of yellow fever this year! All the physicians who have been sent out to St. Domingo, and who have long and carefully observed the disease in question, agree in denying contagion; and are satisfied, that yellow fever is endemic, and depending on local causes.

"M. Valentin has convinced himself, from extensive experience, and multiplied examples, that persons affected with yellow fever, when removed from the range of febrific causes to a more elevated and healthy situation, have never communicated the disease to others;—that individuals who have nursed the sick, in these latter places, and carried their clothes, or slept in their beds, before and after death, have not contracted the fever. Can as much be said of typhus?

"Those who have opened the bodies of yellow fever subjects, have always escaped the disease, when out of the range of the effluvia that produce it. M. Valentin has seen yellow fever patients carried to the hospitals, where no fever prevailed, and there die amid numbers of people affected with common complaints, without, in any instance, communicating it to the nurses or attendants. Inoculation with the saliva, serum, or matter ejected by vomit from the stomachs of yellow-fever patients—nay, the swallowing of these, have failed to propagate the disease.

"But let the inhabitants of a healthy spot remove to one where the yellow fever prevails, and consequently where the atmosphere is vitiated—let them pass a night, or even a few hours there, without entering a house where there is any sickness, and they will carry back with them, according to the degree of predisposition, the elements, the miasms, or, if you please, the germs of the disease, which will break out in the most salubrious situation a few

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days afterwards, but without the power of extension among those who may nurse them.

"Of the numerous examples which might be adduced of yellow fever originating on board ships, M. Valentin brings forward the following:—The American ship Columbia, sailed from Providence during a season of health, and arrived at Marseilles in the month of August 1802, where she performed quarantine, having previously touched at two Spanish ports. During the voyage and quarantine, the crew had been perfectly healthy; but, on their being released from quarantine, the second and third mate, four seamen, and a negro, were successively attacked with yellow fever, and all died; three of them in three separate houses of the town, the others in the lazaret. Neither the nurses that attended, nor the surgeons that opened them, became affected with the disease; nor did any inhabitant of the town suffer from yellow fever. It was the same in 1804, when many of the Spanish, Danish, and Swedish, sailors died of yellow fever, without communicating the disease to any of their attendants or physicians. In these cases, a ship may be compared to a place on shore, where the air is stagnant, moist, warm, and tainted with various putrid effluvia. Of this one more remarkable instance may be related. A French flotilla, carrying troops from Italy to St. Domingo, sailed from Tarentum on the 2d of May, 1802; but, being buffeted by a storm in the Mediterranean, they put into several ports, particularly Leghorn, from whence they soon proceeded on their voyage. The provisions were bad; the salt-fish was rotten, and exhaled such an abominable odour, that it was thrown overboard. They were forced to put into Carthagena, where eight fresh transports were hired, on board of which, the troops and provisions were embarked. The San Nicolas de Varrios was appointed an hospital ship, and Dr. Beguerie was placed on board in charge of the sick. The three succeeding months of June, July, and August, were excessively hot. The yellow fever broke out early in the passage, and increased in violence as the ships approached the tropic. Dr. Beguerie having himself experienced an attack of yellow fever at Madagascar, had an opportunity, on landing at St. Domingo, of seeing the same disease there. He asserts, that there was scarcely a shade of difference between the yellow fevers of the east and west, and that with which the troops were harrassed on their passage from Europe.

"The history of the epidemic at New York and Philadelphia, in 1805, furnished abundant proofs of the truth of this position. About the middle of September, the atmosphere of New York was so embued with the cause of yellow fever, that in the course of two or three days after the first alarm was given, nearly fifty thousand people deserted the city, and fled in all directions. More than ten thousand persons established a kind of camp, or temporary town, on the elevated grounds of Greenwich; to which place they removed their merchandise, furniture, public offices, &c. &c. Those who were ill with yellow fever, accompanied the others, and many who

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who subsequently fell ill, afterwards joined them; yet, in no instance was the fever communicated or spread in the new residences. It was precisely the same at Leghorn, in 1804. Not one of the refugees who fled into the country and to Pisa communicated the disease to those among whom they resided.

"Such are the arguments and facts, by which M. Valentin attempts to demonstrate the non-contagious nature of yellow fever, and which we have not exaggerated or diminished. We think it our duty here, to notice a document in the New Medical and Physical Journal for July 1815, written by Mr. Amiel, surgeon to the forces of his Britannic Majesty at Gibraltar. In this, numerous facts, analogous to those brought forward by M. Valentin, appear equally to prove, that yellow fever is destitute of a contagious property. One of the most conclusive facts related by Mr. Amiel is this, that while the epidemic raged at Gibraltar, in 1814, the sick that were removed but a very short distance out of the town, in no instance communicated the fever to any one.

"A delicate task yet remains for us to accomplish.—Is the yellow fever contagious or not? In the course of our researches for the materials of this article, and in our conversations with physicians and other intelligent people, who have frequently witnessed yellow fever, we have ascertained, that the general opinion among the most able and distinguished judges is, that the yellow fever is endemic in the greater number of places where it appears; that some epidemics are contagious, while others are not so; and, in fine, that the disease may be sometimes imported; and is capable of developing itself sporadically in those places, 'qui reunissent les conditions de l'endemie.'"

Often as we have regretted the loose language of our countrymen, we expected something more precise from a national work, (the French Dictionary of Medical Knowledge,) and in a language which boasts of peculiar purity and correctness. Let us see how far these are exemplified in the above paper. The first inquiry is very properly into the meaning of the word *contagion*. In this, a sort of reference is made to Dr. Hosack's paper, but the question is left, if possible, more undecided than by the American physician; and even the terms *endemic* and *epidemic* are used as synonymous, or, at least, without any distinction that can be collected from the writers.

The greater part of the paper contains the contradictory narrations of, we have not taken the trouble to count how many, different writers, and their various opinions concerning the contagion of yellow fever. Instead of this, we expected their facts, the credit due to each, and the *inference* of the compilers; not the opinions of the writers, any further than as it may have influenced their historical statements. Lastly, we have the accomplishment of the *delicate task* imposed on the compilers—"Is the yellow fever contagious or not?" and here, as Johnson concludes his Rasselas, we have a "conclusion in which nothing is concluded." We are glad, however,

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however, to find the paper intelligible to some of our countrymen, but cannot help expressing a wish to know what their opinions are, "if so nearly similar to the above." All this absurdity might be passed over with a smile, were it not for a malicious grin at a most respectable character, and conveyed to a whole nation.

"If this be true," says the writer, "we can attach little importance to the testimony of that physician who could thus prostitute his talents and influence at the shrine of interest. This is another specimen of American veracity."

We had the happiness of Dr. Rush's correspondence whilst living, and lament, in common with every friend to science and humanity, his early death; for, of such a man, we should for ever say, *serus in cælum redeat*.

We shall take this opportunity of introducing part of the last printed work of the late Dr. Lettsom, which he calls Recollections of Dr. Rush, and which, we believe, was never published, but presented to his friends.

"Painful must it be to every man of science, and particularly to every man of medical science, to reflect, that he, who for the space of nearly half a century, had been the means, by his discoveries and judgment, of respiting thousands from the grave, is now himself an inhabitant of that final receptacle of mortality. I allude to Dr. Rush, the Sydenham of America, who died in Philadelphia, on the 19th of April, 1812. The letter which announced this event gives me the following information:—

"'We have been afflicted with an epidemic, termed Typhus, or Spotted Fever (which has prevailed for some years in the New-England States), for the last two months. It, being in general under the control of medicine, has not proved very fatal. The symptoms are, a general prostration of strength. The remedies which have proved most successful have been stimulants—large quantities of brandy taken inwardly, &c. In his own case, Dr. Rush mistook it for the pleurisy, and was freely bled, which is thought to have occasioned his death.'

"I have no account of his age, but conclude, from circumstances, that he had attained about his 69th year. He was educated in Philadelphia, and completed his medical studies in Edinburgh, at the university of which he received his degree of doctor of medicine, in the year 1768, after presenting and defending his Thesis, *De Coctione Ciborum*, a performance so accurate in experiment, and so ingenious and lucid in diction, as to have placed him in a prominent and honourable point of estimation in that celebrated school, which a Munro raised, and a Cullen supported and dignified.

"On his return from Edinburgh, I first met him at the house of that celebrated physician, Dr. John Fothergill, with whom I then resided; and, from that period to the time of his decease, our correspondence was maintained by an uninterrupted intercourse of literary communication: the first letter I received being dated from Philadelphia,

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Philadelphia, November 29, 1771, soon after his return to that city."

After mentioning several productions, some of which are not connected with medicine, Dr. L. continues, "I have enumerated singly these performances of the professor, as they are less known than his great work on the yellow fever, which, with his publication on the remittent bilious fever, and numerous other interesting and luminous essays, are collected into six octavo volumes,* and now enrich the libraries of many medical practitioners in Europe. The improvements they have produced in the treatment of disease being generally known and practised, it is less requisite to dwell upon their merits; but I cannot totally omit noticing the vast effort of genius and science; the novelty and bold decision of medical practice; and the amplitude of experiment, which his great work on the yellow fever every where elicits.

"When this grand production, uniting, in an almost unprecedented degree, sagacity and judgment, first appeared, Europe was astonished. Even at this moment, I cannot recal to mind the phenomena connected with the rise, progress, and effect, of that dreadful malady, without admiration; and the conduct of the physician without veneration. Contemplate this illustrious professor, emerging from the prostration of strength induced by this fever; his aged mother dying; his sister a corpse; his pupils dead around him; flying from house to house, wherever infection is raging; at home, his apartments filled with supplicants diseased and dying; Death almost every where stalking over the victims from the raging pestilence. If there is an example of heroic fortitude—of disinterested exposure to peril for the public welfare any where recorded in medical history, superior to those which dignified this unappalled and luminous philanthropist, let that character be venerated as one of the first benefactors of mankind. He says, indeed, of himself, 'It was meat and drink to me to fulfil the duties I owed to my fellow citizens in this time of great and universal distress.' He adds, 'Between the 8th and the 15th of September, I visited and prescribed for between one hundred and one hundred and twenty patients a day. Several of my pupils visited a fourth or fifth part of that number. For awhile we refused no calls. In the short intervals of business which I spent at my meals, my house was filled with patients, chiefly the poor, waiting for advice. For many weeks I seldom ate without prescribing for numbers as I sat at my table.'

"By incessant employment, day and night, he unavoidably became greatly indisposed; but let Humanity mark the disregard of himself, and Sympathy pause upon his anxieties and sufferings. He observes, 'From all these sources, streams of contagion were constantly pouring into my house, and conveyed into my body by the air, and in my aliment. Thus charged with the fuel of death, I

"* The first published in 1789, the last in 1811."

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was frequently disposed to say, with Job, and almost without a figure, to 'corruption, thou art my father; and to the worm, thou art my mother and my sister.' The next day (recovering from illness) I came down stairs, and prescribed in my parlour for not less than one hundred people. On the 19th of the same month I resumed my labours, but in great weakness. It was with difficulty that I ascended a pair of stairs by the help of a banister."

"When I communicated an account of this mortal disease, and of the conduct of some of the medical professors in Philadelphia who deserted the city at this alarming crisis, to my admired correspondent, the celebrated Zimmerman, whose recent death every lover of virtue and science must deeply lament, he favoured me with the following reflections:

"'La conduite, moralement très pétite du Dr. ****, pour lequel les habitans de Philadelphie avoient le plus de confiance, ressembloit parfaitement à celle du grand Sydenham du temps de la Peste de Londres. La conduite du Dr. Rush a merité, que non seulement la ville de Philadelphie, mais l'humanité entière lui elève une Statue." This letter, which is very long and very interesting, is dated Hanover, May 27, 1794.

"With Zimmerman, I presume every friend of liberal science will conclude, that it would be an act of gratitude in his contemporaries, and of honour in his countrymen, to erect such a memorial to his memory.

"Were I to determine the station of our deceased friend, I should place him with Hippocrates and Sydenham, and individually designate him the Sydenham of America.

"In the inestimable work of Sydenham, we contemplate minuteness of perception and depth of meditation, constituting a mental energy which enabled him to discriminate facts, and, with a vivid penetration, to form a beautiful concatenation of experience that perhaps was never equalled in medical science. Rush approached, if not exceeded, him in grandeur and compass of thought, though less discriminating in that felicitous arrangement of medical phenomena which distinguish Sydenham, whilst his theories were less consonant to nature. Rush possessed a lively imagination, which his extent of judgment could alone control, and lead to important discoveries; and though he sought to rise above the trammels of established opinions, and delighted to grasp at novelties, he did not wish to be paradoxical. If he acquired less felicity of method and arrangement than Sydenham, he rivalled him in vigour of investigation, and still more in boldness and decision of professional practice. To Sydenham, the motto of '*conamen naturæ*' is most applicable.—To Rush, I would appropriate that of '*nullius in verba.*' Time will more fully appreciate their relative abilities; and the next century will place them as coadjutors in the grand development of medical knowledge."

Who the author of the above account of Dr. Rush's death was, Dr. Lettsom does not inform us, nor are we certain that the intelligence

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telligence was not collected from an anonymous paper in a periodical publication. It is, however, probable, that the supposed mistake of the deceased as to his own case gave rise to this absurd story of his recantation, and the still more wicked story of his living so many years with a constant lie in his mouth, to answer a particular purpose.

The cold calumnious suggestion is less remarkable in a Frenchman, who may have been unacquainted with Dr. Rush's character, and, from his imperfect knowledge of his language, may have fallen into an error by a misconception of the report. But we cannot make the same excuse for an English writer; nor does his qualifying IF, in our opinion, at all mend his case.

It would at least be decent, not to say candid, to wait for better information, when the friends of the deceased may so far have recovered from their loss as to favour the world with some authentic memoirs. Authentic accounts of his death have, indeed, arrived, which contradict even the supposed error concerning his own case. This will be found in our account of "Transactions of Societies," at the close of this Number.

Having hinted that the above report from the French dictionary is, in many respects, similar to Dr. Hosack's, we shall transcribe from that writer the passage in which he enters into the discrimination of various kinds of contagion. It is contained in an appendix to his paper, which we have for some time promised to notice.

"The communication of this virus from the sick to the well, in whatever form it may be conveyed, as uniformly produces the *same disease*, as *inoculation* excites the *small-pox*, or *vaccination* conveys the *vaccine virus*. So far, then, there is something in *common* in the communication of contagious or infectious diseases, which should be accordingly expressed in the language we employ —some of those diseases are conveyed in one form, others in a different; we should then be equally careful to mark those circumstances in which they *differ*, as well as those which they possess in *common*.

"Such an arrangement appears to me not only practicable, but, at the same time, calculated, in some degree, to harmonize the differences of opinion which now separate the contagionists and non-contagionists. Under these impressions, I propose to arrange those diseases which are communicable from one to another under three heads. First, those which are communicated *exclusively* by *contact*. In this class I enumerate the itch; syphilis; the sibbens of Scotland; the laanda of Africa; frambæsia, or yaws; elephantiasis, or leprosy; hydrophobia; and the vaccine virus.

"Neither of those diseases can be communicated in any other way than by *contact*; they are, therefore, *contagious* diseases, in the strict etymological sense of the term. It is also to be remarked, that these diseases are never conveyed through the me-

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dium of the *atmosphere;* actual contact alone can communicate them from one person to another.

"These diseases, acknowledged by all to be contagious, and so denominated by all writers, have a law of communication peculiar to themselves. But there is a second class of diseases, also considered as contagious, which are communicated under different circumstances, governed, in this respect, by different laws of communication.

"Those to which I now allude are such as are communicated both by *contact* and the *atmosphere.* In this class I arrange small-pox, measles, chicken-pox, hooping-cough, scarlet fever, and cynanche maligna.

"Contact, or the *close approach* to the sick, labouring under these diseases, will communicate them to those who are susceptible of their influence—but they are no less communicable through the *medium of the atmosphere.* A *second law,* which governs the communication of this class of contagious diseases, is, that they are communicable in *every season,* in the heat of *summer,* as well as in the cold of *winter*—in a *pure* as well as in an *impure* air, though more readily by the latter than the former. A *third law* of communication in this class of diseases is, that the persons afflicted with them are not generally susceptible of a second attack. I say *generally,* because exceptions are related upon very respectable authority.

"This second class of contagious diseases is, therefore, abundantly distinguished from the first; but they are still associated by most medical writers under the same head of contagious diseases, without assigning to each class its discriminating character.

"The same want of discrimination has, in my opinion, occasioned the numerous disputes among physicians relative to the contagiousness and non-contagiousness of those fevers which I enumerate as the *third* class of diseases that are communicable from one person to another. Under this head I arrange plague; yellow fever; typhus, *jail, ship, hospital,* or *lake fever;* and dysentery.

"These diseases are only, in general, communicable through the medium of an *impure* atmosphere: in a pure air, in large and well-ventilated apartments, when the dress of the patient is frequently changed, all excrementitious discharges immediately removed, and attention paid to cleanliness in general, these diseases are not communicated, or very rarely so, from one to another. But in an *impure* air, rendered so by the decomposition of animal and vegetable substances, as takes place in low marshy countries, or by concentrated human effluvia, as in camps, jails, hospitals, or on shipboard, they are rendered not only extremely malignant and mortal in themselves, but become communicable to others who approach the sick, or breathe the same atmosphere, which has become *assimilated* to the poison introduced, insomuch that *the same*

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same specific disease is communicated, whether it be the *plague, yellow fever, typhus,* or *dysentery.*"

At present we shall only remark that the French report has one advantage over the above—*Contagium a contactu.* Now, what contact with a sick person, or with the effluvia from him, is necessary to induce yellow fever or dysentery? Do they not arise from a constitution of the atmosphere, and spread by a similar cause? The Frenchmen, therefore, are more prudent than Dr. Hosack; they keep clear of the word infection, not knowing how to manage, and well aware that synonyms in philosophy are never admitted. Their etymology of contagion is unexceptionable. Infection, *from inficere,* to die or taint, admits of a more enlarged meaning, in which contact with the disease itself is unnecessary.

What is here offered is only to invite the communications of our correspondents, before we enter more systematically on these subjects.

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Elements of Pathology and Therapeutics; being the Outlines of a Work intended to ascertain the Nature, Causes, and most efficacious Modes of Prevention and Cure, of the greater Number of the Diseases incidental to the Human Frame: illustrated by numerous Cases and Dissections. By CALEB HILLIER PARRY, Member of the College of Physicians of London; Member, and formerly President, of the Royal Medical Society of Edinburgh; one of the Physicians of the General Hospital at Bath, and Physician at the Casualty Hospital, and Puerperal Charity, in that City. Vol. I. General Pathology.—8vo. pp. 463. Printed by Cruttwell, Bath, for Underwood, London.

THE generality of medical writers, it must be admitted, are under the necessity of making themselves known by some means, and can find none so effectual as to write a book. As these early performances are professedly intended for advertisements, they are usually got up with much industry, well written, and only deficient in the most important part—the application of the author's practical knowledge. On this account it is that we hail with unfeigned rapture the production of a veteran, who not only has had time and

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experience, but has the good sense to turn them to account. If such a writer is a teacher, the only danger is lest, in his elementary arrangement, he should conceive himself obliged to find causes for all the events he has to describe, and should thus labour without materials, and forestal the opinion of his younger readers. We cannot help remarking, that this too often appears in the writing of Dr. G. Foordyce. Dr. Heberden has kept free from these dangers, by confining himself principally to practice; and, when we reflect on the low state of morbid anatomy during the most active period of his professional life, we cannot help admiring his caution, whilst we feel a due sense of gratitude for his invaluable legacy.

Dr. Parry, at a more fortunate æra, has favoured the world with the result of his experience, and with the inductions he has drawn from them through a long series of years. We acknowledge that, when such a work, from such a master, was announced, we raised our expectations, probably, higher than could be gratified; and, perhaps, the work has as much merit as we ought to have expected. The author commences systematically with defining what knowledge is, and what forms medical knowledge.

"All human science is a knowledge of the qualities and order of Phenomena.

"Phenomena may be divided into two classes, single and complex.

"Of the former are the simple Sensations, as a colour, a smell, a sound, &c.

"The latter unite, by apparent propinquity, two or more simple Sensations, as derived through one or more senses. Such are gold, an apple, &c.

"The pictures or recollections of sensations are Ideas; which may be termed Phenomena equally with the sensations which were their prototypes.

"The uniform and inconvertible succession of like phenomena constitutes what is called Cause and Effect.

"The faculty of distinguishing the agreements and differences of phenomena, both as to quality and order, which is necessarily innate, is the whole of human Intuition.

"When, in a great variety of instances, we have observed a like union, or a like succession, of like phenomena, without having been able to discover any exception to this arrangement; if in other cases we see the same congeries or succession, with the exception of only a small number of phenomena, we infer the existence of those which are unseen. This is the true nature of Induction, which is admitted as an adequate basis of rational conclusion."

We cannot, in pathology, admit all that the author requires

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quires in this last paragraph; or, perhaps, we ought to say, that the postulate should have been illustrated by an example. We should rather say, When we find a constant succession of phenomena, we are entitled to call that succession a LAW till we discover an interruption to that succession; and, in our future inquiries, where we meet with a similar succession of phenomena, with only very slight deviations, it is the business of philosophy to ascertain those deviations, in order to determine how far the law, in other respects, is similar; and to ascertain, if not the cause of, at least the circumstances under which such deviations may be expected.

Dr. Parry next proceeds to a definition of physiology, pathology, and therapeutics, in which it cannot be necessary to follow him. Of the deviations from health, he observes, that the most common is a disordered state of the whole, or of some part, of the sanguiferous system; that is, in the quantity and motion of the blood: the properties of that fluid he defers till he arrives at the notice of particular diseases. Some general remarks follow on the excessive momentum or determination of the blood to particular parts. In the midst of these are incorporated two paragraphs, the inference on which we could have wished had been maintained by facts and reasoning instead of assumption.

"It will readily be admitted, (says Dr. Parry) that all the habits of mankind in civilized society, comparatively with a state of ruder nature, tend to produce an excessive degree of nutrition, and to maintain a proportionable degree of plethora in the human frame.

"This fact affords a presumption as to the prevailing condition of the sanguiferous system in persons under circumstances of moderate affluence; which presumption, taken in connection with more direct proofs of the actually existing state, will contribute to confirm and establish the principle."

All this may be very true, but it is too much to concede at once.

The author proceeds to remark, that the consequence of increased circulation is increased heat, and usually a higher colour of the skin, which, as the blood is the only red substance in the human body, is fairly imputed to the condition and quantity of that fluid on the surface. Some observations follow on the different colour of venous and arterial blood.

The structure and functions of the sanguiferous system are next considered—the structure of the arteries first, and their two coats possessing two powers of motion. In the elastic all authors are agreed. In what Dr. Parry calls the tonicity, there is some difference of opinion. We are not disposed

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disposed to dispute whether the power of motion, without elasticity, is the effect of muscles or not; but we wish the term *tonicity* had not been introduced, because the power of contraction or of motion would have answered every purpose. It is very true, that Mr. Hunter imputed this power, as well as what he called the sphincter iridis, to muscles; and we are ready to admit, with Dr. Parry, that, as no fibres have been detected by the microscope, nor any fibrine by chemistry, we are not authorised to call the power muscular. We must, however, admit that it has all the properties of a muscle, viz. contraction and relaxation; that, under the latter state, the parts may be elongated; and that the power of contraction ceases with life.

Dr. Parry conceives that the heart is sufficient for all the purposes of impelling the blood through its whole course of circulation. In proof of this, he remarks, that, under certain circumstances, the *saltus*, similar to what is observed in the emission of the blood from a wounded artery, may be seen in a vein. He, however, adds, that, under many circumstances, the vessels of a part take on increase of action without any aid from the heart. From these two facts, we should be led to conclude, that the economy in this, as in almost every other instance, has made a provision beyond what is necessary in the ordinary state of health: that, in common, the blood is propelled to the smaller arteries by the force of the heart; after which, that the powers of the smaller arteries are sufficient to transmit it to the extremities of the veins, and to supply the organs of secretion: that for the latter, probably, a slower circulation may be necessary; but, that when, from any cause whatever, the heart acts with unusual violence, the force extends as far as the veins, inasmuch as the ordinary slow progress, by the power of the smaller arteries, would be insufficient for the safety of the vessels themselves. On the other hand, when the power of the heart is interrupted by the destruction of a large artery, that then the smaller ones increase their action, and possess a power conformable to the necessity of the case. All this is exactly consistent with what is seen every day, in the various conditions of the sanguiferous system. We are, however, obliged to detain the reader for one remark, which we will make as short as is consistent with perspicuity.

Speaking of the power of the heart, Dr. Parry remarks,—

"When, however, a projectile force has once been given to the blood from the impulse of the heart, or of any central part so constructed as to answer the purpose of a heart, we may readily conceive how the usual progressive motion may for some time continue,

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tinue, after the action of the heart has either ceased, or, at least, has been interrupted with regard to the part.

"To this cause we may, perhaps, in part, attribute not only certain microscopic phenomena observed in the circulation of the blood by Haller and Spallanzani, but also this remarkable fact, that, after death, *all the arteries, whether large or small, are found comparatively void of blood.*

"Although, however, this may be, in part, the cause of the emptiness of the arterial system after death, it is probably only a small part.

"It is more reasonable to conjecture that, in health, arteries are capable of being contracted by their tonicity beyond that degree which would be permitted by their elasticity; but that, after death, the tonicity being shortly lost, the mechanical power of elasticity preponderates, and the artery no longer contracts in proportion to the blood which it contains, and is consequently more or less empty."

The first cause here assigned for *that remarkable fact* that the arteries, whether great or small, are found comparatively empty, is the force of the heart. But, as this force gradually ceases as death approaches, we might rather conclude that the arteries would remain with a considerable quantity of blood in them, which the power of the heart could not forward into the veins. The next cause assigned is, that the elastic power continuing after death, and the tonic power ceasing, the arteries, being more open, are comparatively more empty. But this could not account for the smaller arteries being so empty, because, in them, the elastic power is so comparatively small. What is much more to the purpose is, that, in some modes of dying, the arteries and the left ventricle of the heart are found to contain a very large quantity of blood; and, in most cases, if the ventricles are examined immediately after respiration has ceased, the right side of the heart and the veins will be found with very little blood, and the arteries full. It is surprizing that these facts, so well noticed by the older writers, and so frequently remarked, we may add explained, by Mr. Hunter, are so generally overlooked by modern writers, especially as they form no inconsiderable proofs of death, and often of the mode of dying.

After the more common mode of dying, a body is rarely examined till stiffening has taken place. At the same time that stiffening takes place, the same action is going on in the blood vessels, and by this contraction, whether muscular or not, the arteries are emptied. It was to this, that the arteries owed their name, being supposed by the ancients to contain air or spirit with which they were furnished by the *aspera arteria*,

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arteria, or trachea. But occasionally, especially in that dreadful form of fever by them called *causus*, the arteries were found full of blood. This induced the methodic sect to consider fever as *error loci*, the blood having, as they conceived, escaped into vessels destined only for the air, or *spiritus*. But it is now found that the phenomenon arises from the sudden death of the whole body, which, in some parts, seems almost to precede the cessation of respiration, since the pulsation of the arteries is imperceptible, and the blood ceases to be oxygenated even while the patient continues to breath. In these cases the body never stiffens, the heart and arteries lose their powers of contraction, and the blood remains in them. In all this, there is nothing contrary to Dr. Parry's position; but we thought it right to account for a want of uniformity in so important a series of actions.

Several paragraphs follow, to prove that the power of the heart, and the tonic power of the arteries, are the effect of life, and that they are excited into action by stimuli or sympathies. This we, as the professed disciples of Mr. Hunter, are not disposed to question. We feel also no inconsiderable satisfaction in perceiving that so accurate a writer as Dr. Parry should probably, from the same necessity, fall into a language often objected to in Mr. Hunter; we mean expressions which might imply rationality, or choice, in certain organs or vessels. Not that such an implication is just. It proves no more, than that in describing certain phenomena, the causes of which we cannot ascertain, we are under the necessity of explaining ourselves by a reference to other phenomena which come the nearest to those we wish to describe. Let the following paragraph serve as an illustration.—Speaking of that part of the blood which is expended in the secretions and excretions, it is added,

"The exertion of these functions themselves affords satisfactory evidence of the tonicity of certain branches of the capillaries, which, though often of equal diameter with others carrying red globules, not only in a state of health refuse to admit them, but select, as it were, what parts of the blood to receive, and what to effuse: and even combine its several molecules, so as to form substances of new and original properties.

"That the capacity of rejection, which exists during health, ceases at some period after death, appears from the various exudations and ecchymoses which we usually see in many depending parts of the dead subject.

"That it also continues for some time after apparent death, is evident; because the matter of coloured injections, which after many hours freely passes into the colourless exhalants, enters them with difficulty at an early period."

The last paragraph is explained by what we observed of

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the stiffening, which ceases with the contractive power of the arteries.

Several ingenious remarks follow on the various irregularities in the action of the heart, their causes, and the uncertain proofs to be derived from the pulse.* These considerations gradually lead the author to the excessive general momentum of the blood, all which is introductory to the main subject of inflammation.

If excessive dilatation, with increased momentum, arises from temporary causes, it ceases with them.

"On other occasions, the excessive momentum is succeeded by local determinations, which, from their duration or other circumstances, may be considered as morbid.

"The order of succession of local symptoms of this kind, as connected with constitutional ones, is varied chiefly in the three following ways:

"1st. In some instances, the local congestion or dilatation first appears, and is followed by excessive action of the heart, and proportionable general momentum of the blood.

"2dly. In other instances, the local and general momentum seem to occur together, and to proceed with equal steps; and,

"3dly. In other cases, the general increased momentum precedes, and is followed by the local morbid determination."

This statement is followed by a view of the various parts to which the blood may be determined during its excessive momentum, and of the changes or succession of those parts, commonly called the conversion of diseases; but which the author considers only as a change in the part or organ to which the blood is determined. Dr. Parry, with much propriety, declines any enquiry into the causes of this local determination and increased momentum of blood; but, as he professes not to understand the French pathologist on this subject, it cannot be amiss to offer our opinion.

"Bichât speaks of the extraordinary afflux of blood to particular parts, as being the result of the increase of the powers of life. To these words, says our author, I am unable to attach any definite ideas."

This language is not, we believe, entirely peculiar to Bichât. May we not add, too, that, allowing inflammation to be increased vascular action, (which action is the effect of life,) there must be at least a greater vital action than ordinary; and, as we know nothing of life but the actions

* We shall not, at present, make any remarks on a note in which the author conceives that the circulation is assisted by a vacuum in one cavity of the heart; as this we have promised to consider by itself on some future occasion.

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it induces, may we not, without any great violation of strict language, call such a condition an increase of life. We are ready to admit that, however small the deviation from accuracy of language may be, we ought to avoid it in philosophical reasoning. We shall, therefore, only consider inflammation as an action of the vessels, greater than what they are capable of in a state of health. Here, then, we are compelled to admit increased power; and, if this increased power is extended over the whole body, it follows, that, in the progress towards such a power of action as constitutes disease, there must be a certain state in which the subject feels in higher health than ordinary: and, that such is the condition of the system previous to most acute diseases, is proved by the experience of the most ancient and wisest physicians. We need only mention one of the earliest and most frequently quoted aphorisms of Hippocrates relative to Athlatæ, and the accurate history of Gout, as given us by Sydenham. We have said thus much, because we shall hereafter endeavour to show that increased vascular action, though one of the phenomena, is not the whole of inflammation; and shall have occasion to remark how many invaluable practical inferences are to be drawn from an attention to the high health which often precedes disease in its most acute form.

The dilatation necessary for the reception of a larger quantity of blood, under increased momentum, Dr. Parry very justly remarks is by no means to be considered the effect of mechanical force from the *vis a tergo* of the heart or larger arteries. In this we perfectly agree with the ingenious author, and are ready to admit that the dilatation frequently, perhaps always, precedes the increased determination of blood to those vessels. This we consider among those properties which an accurate physiologist may trace in every new action which takes place in a living body. It is enough to give a single instance under disease. When matter is formed after acute inflammation, that matter is always determined by the absorption of interstitial parts to the surface; but, long before it arrives at the surface, a blush is seen on the skin, and even an elongation of one part of the cuticle within that blush. This elongation is very properly called *a pointing*, and that place will certainly ulcerate for the escape of the pus, whatever attempts we may make, by an artificial opinion, to evacuate the contents of the abscess. Yet the pointing above described is found to have taken place long before the matter has arrived at the surface; and is exactly analogous to the dilatation of the smaller vessels before

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before the increased momentum of the blood has extended to them.

Dr. Parry, in our opinion, occupies more time and space than is necessary in discussing the question of proximate causes. If this term must be preserved (and we see no necessity for it), we would confine it to the symptoms. In this case, the proximate cause of the local pain, increased or altered pulse, with other symptoms peculiar to each organ, may be ascribed to those changes in the action and structure of such parts as are not to be seen during life, but which the improvement in morbid anatomy has rendered familiar to us. These changes, therefore, may, we conceive, be called the proximate cause of the symptoms.

Having briefly stated the general progress of increased momentum of the blood, Dr. Parry goes on to show its progress when attended with inflammation, particularly the fluids effused. These effects are slightly enumerated, and some practical and very useful hints, on the cause of renewal of inflammation, usually termed relapse.

We now arrive at an important division of the phenomena of inflammation, according to the nature or texture of the part in which it is seated. In this, according to the late custom of English writers, we find our author following Bichât.

"In the examination of the structure of the animal frame, Bichât has divided the whole into several systems, according to their different textures or functions. These are, the cellular; nervous; vascular, of red and black blood; capillary; exhalant; absorbent; mucous, lining the mouth, stomach, intestines, &c.; serous, forming the pleura, peritonæum, arachnoid, &c.; synovial, lining the cavities of joints, and forming certain sheaths of tendons; glandular; dermoid; epidermoid; pilous; osseous; medullary, forming the marrow; cartilaginous; fibrous, as the periosteum, dura mater, aponeuroses, tendons, ligaments, &c.; fibro-cartilaginous, the ears, alæ nasi, trachea, &c.; muscular."

We cannot help regretting this arrangement, so complicated compared with the simplicity of our own countrymen. Of the membranes, it is enough to make a division of the mucous and those which line cavities. To the term serous membranes we have always objected, inasmuch as, in their healthy state, their secretion is not serum; and to describe a part by its action under disease, is to confound all distinction. If the mode of action in these various parts under inflammation was always different,—most of all, if the treatment were to be different,—all these distinctions might be important; as it is, they appear pedantic or unnecessary. But let us proceed to the author's remarks on these subjects. First,

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we are told, that, of the extravasations following inflammation, the most common is serum into the cellular membrane, or into the cavities which the author considers as usually smeared with serum. Several other forms of inflammation are enumerated, under which serum is effused, which, if a healthy process succeed, is afterwards absorbed.

"To what extent (says Dr. P.) serum is, in all cases, capable of being absorbed, it is difficult to say. This capacity is particularly questionable in those cases in which, after inflammation, there is an excess of albumen, or fibrine, or both, either dissolved in the serum, or floating in it in detached portions. I am not acquainted with any facts from which to decide absolutely on this point, though, from the removal of certain hard and painless swellings about tendons, after gout and rheumatism, which we shall again have occasion to mention, one should be inclined to suspect that this might be the case.

"It is more usual that such an effusion terminates in the union of parts that are naturally disjointed, constituting the materials of that process which is called Adhesive inflammation. We every day see this take place from the crusts of that substance, which has usually hitherto been denominated coagulated lymph, effused on the different serous surfaces already specified.

"In this way we may explain, not only the more obvious examples of inflammatory adhesion in the thorax and abdomen, but probably, in some instances, the union of joints by anchylosis, and the permanent rigid swellings of ligamentous and tendinous parts after gouty and other inflammations."

We see no reason for any limitation as to the powers of absorption; and, highly as we respect this ingenious author, we cannot reconcile ourselves to this mode of confounding the various forms of inflammation, especially as we are taught to distinguish them with so much accuracy by that writer whose language Dr. Parry has thought proper to adopt. To what purpose do we distinguish between erysipelatous and adhesive inflammation, if the latter is only an accidental event under the former. In the true adhesive inflammation we find no effusion of serum. Coagulated lymph unites surfaces, which before moved easily on each other, or which were artificially divided. But this is not a mere effusion at the extremities of vessels in consequence of high action. It is a peculiar action, set up at that time, and for that particular purpose. For the same reason we cannot admit, with Dr. P., that the obliteration of arteries, after being wounded, or after their fibrous coats are broken through by ligatures, should be imputed to any thing like inflammation producing extravasation from the exhalants. These processes we consider to be all governed by their own laws;

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laws; and, that, though the effusion of lymph is among them, the effusion of serum would be altogether inconsistent with, and destructive of, the very ends for which the process is commenced. Still less can we admit, that "the same substances seem to be the materials by which wounded parts unite under the process called union by the first intent." (Page 115.) Union by the first intent, as we have lately had occasion to remark, is inosculation of divided vessels: adhesive inflammation, in the language of the inventor of the term, is union by coagulated lymph only. The *substances*, to repeat Dr. Parry's word in the plural number, never occur in the true adhesive inflammation; and, if adhesion, which is rarely the case, exists during the effusion of serum, the process is always imperfect.

Some very just remarks follow, on the removal of lymph or serum by the process of absorption,—after which we are led to the consideration of pus as a product of inflammation; and here,—as the Hunters have proved by demonstration, and Berzelius and Pearson have both confirmed by chemical experiment, that pus may be secreted without any loss of substance,—we could have wished that this proposition had been admitted without unnecessary discussion.

Inflammation of mucous membranes is next described as sometimes followed by a mere increase of the healthy secretion; at others, the author remarks that he has found the nature of the secretion not distinguishable from pus, and, under very high inflammation, that fibrine or coagulated lymph is effused. In all this it is not Dr. Parry's intention to inform us of any thing new, but to follow the order of his inquiries. The calculous matter which is found in various parts long after effusions of different kinds, is well noticed, with remarks, for the most part satisfactory. At the conclusion of this division, some attention is paid to the condition of the patient, or of the parts under inflammation. These we shall give in the author's words; and with them defer the consideration of the remainder of this interesting performance to a future Number.

"The force and duration of the increased momentum, which are requisite to the production of this morbid effect, greatly vary in different constitutions, and in the same constitution at different times. A considerable degree is necessary in the early and middle periods of life, when all the powers of restoration are strong; and the sum of the two diminishes, *cæteris paribus*, as we reach the term of old age. Hence persons, at the former periods, are more capable of the salutary processes of resolution, adhesion, &c.; while those at the latter period are more subject to have inflammations

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mations terminate in mortification, or the death of the part, which, if it is a vital one, is immediately followed by that of the whole frame. Where also it is not vital, the constitution, exhausted, as it were, by its own efforts to throw it off, sinks, and the patient dies. Or, if the evil do not reach to this extent, parts so affected are liable to tedious ulcerations, with discharges of a watery or bloody kind, indicative of affections altogether different from those which accompany recovery.

"A state somewhat similar in kind, but different in its progress, is apt to occur in what, with technical barbarism, is called Irritable Inflammation; that is, in habits in which inflammation is easily excited, and, though slight, is readily exchanged for that which is characterized by a state of languor and inactivity.

"It can, I think, scarcely be doubted, that it is this expression of what, in reality, are nearly opposite states in that series of phenomena which is called inflammation, that has given occasion to the assertion of the different microscopical appearances of quickness or slowness of circulation in that malady, either as occurring at different periods of the disease, or as produced by different external causes.

"It may, however, be observed, in passing, that neither the one nor the other state, though demonstrated, should serve as an infallible rule for the administration of remedies; the operation of which is too complex, and difficult of observation, to admit, in our present state of knowledge, of that universality of application, which results from the systems of the schools.

"How far the different states, which have just been described, can be considered as salutary, we cannot, on all occasions, determine. In that of mortification, the local changes are certainly not conducive to the immediate health of the part; which is sacrificed, as something extraneous, and makes way for that which is new and more perfect. So far the process, generally considered, is a salutary one; but the difference consists in this, that in many other circumstances of inflammation, the part restores itself by its own affections, and does not call on the constitution for the fatigue of acting; whereas, in that last mentioned, the part dies, and the constitution is called upon to supply its place. In the other kind of inadequate inflammation already noticed, which is called irritable, there also seems to be a disposition in the constitution to make amends for defective power in the part.

"This law of the constitution, by which it rarely acts when the powers of a diseased part are adequate to the restoration of its own healthy functions, is observable on many important occasions, which will be remarked in the course of this work.

"These are the chief phenomena, and the order in which I have observed them to occur, in Inflammation."

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An Experimental Enquiry into the Effects of Tonics, and other Medicinal Substances, on the Cohesion of the Animal Fibre. By the late ADAIR CRAWFORD, M. D. F. R. S. Edited by ALEXANDER CRAWFORD, M. D.—London: Callow and Underwood. pp. 124. 1816.

FEW names could prove higher authority for the guarantee of an interesting performance, than that of the celebrated author on the subject of animal heat. The pamphlet is also well-timed, inasmuch as there at present prevails an indolent and mischievous scepticism in respect to the possibility of our arriving at any satisfactory degree of acquaintance with the principles of medicinal agency,—a scepticism partly engendered by the unwarrantable generalization taught in the school of Brunonianism, and too much encouraged by the chylopoietic doctrines of the day,—doctrines in themselves admirable, but faulty and injurious in their extension beyond a certain point. A treatise on tonic medicines wears the aspect of absolute novelty, for some practitioners had almost began to suppose that such medicines had only an ideal existence.

During our perusal of this little volume for the purpose of analysis, two objections suggested themselves to its general tenor: first, the lamented and ingenious author seems to infer too much from the phenomena of inanimate to those of living matter; and, secondly, he now and then substitutes hypothetical assumptions for the data supplied by cautious and close reasoning. With these exceptions, however, we have found every thing to be satisfied and pleased with in the tract now before us.

"It is upwards of twenty years (says the respectable editor) since the following treatise was prepared for the press by the author, but the publication of it was prevented by his death, which happened a year afterwards. It is unnecessary to trouble the public with all the reasons that have delayed the publication since, only for the last six years; the time it has been in my possession, a very infirm state of health prevented my attending to any serious pursuit. The copy from which this is printed is in my brother's hand-writing, and, however it may be received by those who are most interested in such investigations, I believe it will not be thought presumption to allege, that it bears marks of that industry, ingenuity, and just reasoning, which, in the opinion of the philosophic world, distinguished the former writings of the author."—Preface, page 1.

Dr. Crawford informs us, that he was led to undertake the experiments detailed in the present work from the circumstance of his having observed, in the course of his experiments

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ments on the matter of cancer, the changes which the fibres of animals underwent by immersion in the poison of cancer in contact with common air, changes which he supposes referrible to the action of a peculiar fluid, denominated by him animal hepatic air.

"As this fluid (he says) abounds in nature, being found wherever the putrefaction of animal substances exists, it seemed not improbable that many of the morbid appearances in the human body might be ascribed to its influence. For it is manifest, that whatever has a tendency to destroy the cohesion of the fibre, must, if not counteracted, eventually give rise to disease and to death."

Hence, we suppose, he would infer the lax fibre and generally lower standard of health observable in individuals who inhabit crowded cities, compared with the hard flesh and robust constitution of the labouring rustic.

Dr. Crawford imagines the different conditions of the animal fibre to be capable of the following divisions and definitions.

"By the term *cohesion*, (he says,) I mean to express, not only the power inherent in bodies which resists the disunion of their particles, but, likewise, that which prevents the particles from changing their relative positions, and from yielding to such forces as have a tendency to separate them to a greater distance from each other. Hence, it will appear, that under the cohesion of the fibre, I comprehend its firmness, elasticity, and strength, affixing to those terms the following significations.

"By the firmness of the fibre, I mean to express the force with which it resists *impression*; by the elasticity, its power of resisting *extension*, and of restoring itself when the extending cause is removed; by its strength, the force which it is capable of exerting in opposition to such causes as tend to destroy the continuity of its parts.

"The first of these properties is known by the touch; the second, by the comparative extensions which the fibres undergo, when they are stretched by equal small weights; and the third, or the *strength* of the fibre, is known by the weight which is required to break it."

"Those substances (he goes on to say) which diminish the firmness and elasticity of the fibre, I shall call relaxants; those which increase its elasticity, tonics; and, those which increase its strength, corroborants. It is proper to observe, that, in the living animal, the tone of the fibre is a compound effect. It depends not only on the elasticity of the simple solid, but likewise, as my learned colleague, Dr. Fordyce, has justly observed, upon the energy of the vital principle; in consequence of which, the approximation of particles during life is greater than that which would be produced by their elasticity alone. The tendency to approximation, which they derive from this cause may, I think, properly be expressed by the

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term *contractility*. And hence, in the living animal, those substances must be considered as tonics, which increase the contractility, as well as the elastic force of the fibre."—P. 24.

Having premised these considerations, Dr. Crawford goes on to detail a series of experiments which he made upon animal fibre; first, by subjecting it to the influence of *vinous and spirituous liquors*; secondly, of *narcotics*; thirdly, *vegetable bitters*; fourthly, *acids and alkalies*; fifthly, *neutral and earthy salts*; and, lastly, *metallic preparations*: and, in the course of describing these experiments, he intersperses several physiological and pathological remarks, which are stamped throughout with his wonted and characteristic ingenuity.

How far those inferences are just in reference to medicinal agency on the *living* system *generally*, which are formed from the application of such substances only to a *small part* of *dead* matter, may admit of a question; for our own parts, as above hinted, we think that the deductions of our author are sometimes hardly strict enough as to this particular.

"With a view (says Dr. C.) to determine the changes which the fibre might undergo by exposing it to the action of port wine, six portions of the small intestines of a kitten, were taken, each of which was two inches and a quarter in length. Three of these were introduced into a phial which was nearly filled with port wine, and closed with a cork; and the remaining three were immersed in water as a standard. Being placed in a cool situation during three days, the portions in contact with the wine were found to have greater firmness than those that were immersed in the water. The sum of the weights required to break the former was 9lb.; to break the latter, 7lb. 4 oz. Each of the portions immersed in the wine being stretched by a weight of six ounces, the sum of the extensions was six degrees nearly. That of the standard, in similar circumstances, was twelve degrees."

After describing a similar experiment made with sherry wine, which proved that this last is rather more operative in the way of strengthening the fibre than the port wine, Dr. C. proceeds to state the following trial made upon living animals.

"I took two kittens of the same litter, as nearly equal in bulk as possible; they were about a fortnight old. To one of them I gave two tea-spoonfuls of port wine, mixed with an equal quantity of milk. To the other, I gave as much pure milk. At the expiration of an hour they were drowned. The stomach of the kitten that had swallowed the wine was then separated from the duodenum and the œsophagus; and, an incision being made along the shortest line from the cardia to the pylorus, the coagulum of milk and wine was removed; the stomach was laid upon a flat piece of cork, and

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was divided longitudinally into two equal parts; these were then cut by the double knife (an instrument which Dr. C. contrived for the purpose) in such a manner that each of the portions should be one-tenth of an inch broad. The sum of the weights required to break them was 24 oz. The same experiments being made with similar portions of the stomach of the other kitten. The weights required to break them were 19 oz. The sum of the extent of the former, when each of the pieces was stretched by a weight of six ounces was one-tenth of an inch; of the latter, one inch."

Our author next proceeds to make experiments on the effects of vinous and spirituous liquors upon the *skin*, by which he finds that, in this case, contrary to what takes place in the intestinal fibre, the cohesion of this part (the skin) is diminished, and, from such contrariety of operation, he argues in the following manner.

"Since, therefore, it is proved, that wine increases the strength of the stomach in a living, as well as in a dead, animal; and, since it is found, that in a dead animal it diminishes the cohesion of the skin, is it not probable, that when it is mixed with the blood, and carried by the circulation to the surface, it will produce a similar effect upon the skin of a living animal."

"If this be admitted (Dr. C. goes on to say) it will, I apprehend, throw some light upon the mode of operation of wine, when it is employed as a medicine. There is, I think, no doubt, that vinous liquors principally act upon the nervous system. They appear, when taken in moderate quantity, to excite the energy of the brain, and to increase the activity of the vital principle. But, besides these effects, we learn from the preceding experiments, that wine augments the tone and vigour of the stomach, and at the same time relaxes and debilitates the skin. Does it not, by these properties, determine from the center to the surface of the body? And hence, does it not, when judiciously administered, assist in preventing morbid affections from falling upon parts which are essential to life, and conspire with the efforts of nature in throwing off what is injurious by the pores of the skin?"

The above reasoning seems to partake of the humeral pathology, as well as of the older notions of the methodic system of physic which talked of *constricted*, and *relaxed*, and *mixed* state of fibres; this, however, ought not to lessen respect, could we satisfy ourselves, that, in point of fact, Dr. Crawford is quite correct in assuming, that wine, at the same time that it augments the tone of the stomach, necessarily relaxes the skin; at any rate, it does not do it with that regularity and certainty that it ought to do, were the above hypothesis of its *modus operandi* capable of being substantiated. And, when its administration is so conducted as to insure its sudorific agency, there is often nothing of a morbid nature to be thrown off by the pores of the skin, even

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even allowing to these organs, the power of elaborating and ejecting this same matter.

Opium is the next material of our author's experiments, and the results show, in this instance also, that the cohesion of the intestines is increased, while the skin and nerves are relaxed and debilitated by this drug. Dr. C. introduces into this division, practical hints on the operations of opium, the utility of which cannot be questioned, however questionable may be the theory on which they are grounded. Opium ought, as well as alcohol, to prove universally a sudorific, were the analogical inference of our author correct as to its probable mode of influencing the system; whereas, the fact is, that one of the most formidable objections to the administration of opium is often the constringing effect which it has upon the skin, as well as upon the intestines.

The exhibition of this medicine (opium) is always most proper and least likely to be attended with mischief when the pores of the skin are open, as is beautifully illustrated by a case in Dr. Currie's work on fever; but it will there be seen, that it was necessary to produce the perspirable state of the surface by other means, while opium was administered; the mere administration of the drug, without such other means, not being adequate to a sudorific effect.

There are facts connected with the relative and sympathetic actions of the stomach and outer skin, which require to be much more attended to and methodized than they are at present, to furnish any satisfactory materials, before we can venture to generalize. Dr. C. has, however, found the clue to the proper method of investigation, and it will behove other pathologists to pursue those researches which he had so ably begun, when Death arrested the hand of the experimenter, and closed the reflections of the philosopher.

We are sorry that our limits will not permit us to detail the trials made with the Peruvian bark and vegetable bitters, which are the materials employed next to the narcotics. This substance (the Peruvian bark) Dr. C. found, like opium, to have a different and opposite effect upon the intestines, blood vessels, and nerves, from that which it occasioned upon the skin, increasing the cohesion of the former, and diminishing that of the latter.

"It appears (says he) from the foregoing experiments, that the bitters which are most commonly used in medicine, increase the strength of the intestines in the following order: Peruvian bark, galls, camomile flowers, gentian root, colombo root, cascarilla, myrrh, and serpentaria.

"It is proper to observe, that galls produce a much greater constriction in the intestine than the Peruvian bark. They render it firmer to the touch, and less extensible by small weights.

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It would seem, therefore, that they act more forcibly as a tonic, although they have, probably, less power as a corroborant. But, what constitutes the principal distinction between them is, *the difference of their action upon the skin.* For the one increases the strength of this part of the animal body in a very considerable degree, while the other acts powerfully upon it as a relaxant and corroborant."

Why, we would ask, upon this theory is it, that "the bark in large doses proves a very efficacious remedy in the cynanche maligna, and in the erysipelatous inflammations which appear in the London hospitals?" These are both diseases of surfaces, and both diseases in which tone, rather than relaxation, is required to be given to such surfaces. Indeed, our ingenious author seems in some measure to overlook his reverse sympathetic theory, if we may so term it, when he speaks in another place of bark being proper in such and such diseases, inasmuch as "it impresses a degree of tone upon the stomach which can be borne without injury, *and which may be communicated with safety to other parts of the system.*"

Acids and alkalies were both found in the experiments "to diminish the cohesion of the fibre." How does this consist with the acknowledged tonic power of the one, and occasionally, perhaps, of the other set of substances?

In the course of our author's experiments on saline materials, he finds that common salt (muriate of soda) greatly increases the cohesion of all the soft parts of the animal body; and, hence, (he says) probably the reason why this salt, which is furnished in such abundance to the inhabitants of the earth, is so admirably calculated to preserve and to restore health. He finds, however, that this substance (salt) occasions a much greater augmentation of strength in the arteries than in the veins, and, from this peculiarity, he infers, the virtue of salt in scrofula, inasmuch as it gives an impulse to those vessels (the arteries) which supply the pabulum of glandular secretion. Even allowing these conclusions to be somewhat fanciful, how much more pleasing are they to witness than that indolent dogmatism which can find nothing but *general* strength, or *general* weakness, in any of the diseases to which the human frame is subject.

The very fashionable and very important salt, magnesia vitriolata, *(sulphas magnesiæ,)* our author finds "possesses an extraordinary power of strengthening the intestines," and reasons upon this power in the following manner.

"Hence, probably, the reason why this salt, in small doses, frequently repeated, is one of the most efficacious remedies hitherto discovered in constipations arising from inflammation in the bowels. In

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In such cases it is known, that a stricture takes place in the inflamed portion of the intestine, and that the portion immediately above the stricture is distended by the fæces, which are carried downward in consequence of the peristaltic motion. This distension is counteracted, partly by the energy of the vital principle, and partly by the cohesive force of the intestine, assisted by the action of the abdominal muscles. If these forces be insufficient to resist the distending power of the fæces, the superior portion of the canal will be stretched beyond its tone. But it seems to be a law of the animal economy, that, when the stomach or intestinal tube is stimulated by a distending power, or by any other cause, to a certain degree, the peristaltic motion is inverted, and vomiting is produced.

"It is plain, that, in these circumstances, salutary effects must arise from the exhibition of a cooling laxative, which has the property of communicating a sudden increase of tone and of strength to the alimentary canal. For, in that case, the mischief arising from the distension will be counteracted; the cause which immediately gave rise to the inversion of the peristaltic motion will be removed, the canal will be enabled to propel its contents downwards with greater force; and, consequently, its power of overcoming the stricture will be increased.

"Upon similar principles we may, I think, explain the reason why a stricture of the intestine is frequently removed by the application of cold fomentation to the abdomen."

We shall make no other remark on the above suggestions of our author in reference to the modus operandi of a much used medicine, than to say, that the observations, whether ill or well grounded, may prove serviceable in drawing the attention of the prescriber to the principles of medicinal operation, as opposed to the practice of mere empirical routine. If any particular medicine has done good, we are not to wait to know the *quo modo* of its agency before we repeat its application, but it would prove greatly to the interests of medicine as a science, were the theory of healing agency less disregarded in the practice of the healing art.

It is in this view, indeed, that we are more particularly disposed to set a value upon the labours of Dr. Crawford; and we take occasion to urge, upon the medical student especially, the necessity of experimental investigation, as well as a mere observation, of unconnected facts, in order to enable him to practise medicine with conscientious feelings and happy effect.

We are sorry that our limits only allow us to state the bare results of the remaining experiments of Dr. Crawford.

Glauber salts *(sulphas sodæ,)* had very trifling effect either upon the intestines or the skin. Neither was there much effect produced by sal. ammoniæ, *(murias ammoniæ.)* The several mercurial preparations tried by our author, had the

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the effect of increasing the cohesion of the fibre generally; tartarized antimony "increases the cohesion of the intestines, and diminishes that of the skin." Nitrate of silver rather diminished cohesion; and, contrary to our authors expectation, he found the same diminution from the sulphas ferri, the sulphas cupri, and sulphas zinci. These effects, being contrary to his anticipations, Dr. C. attempts to account for by the acid which enters into the composition of the several materials employed; but we are not satisfied with his reasoning in this instance, since the salt formed by the union of an acid and metal is very different in its actual nature and physical effects from either of the ingredients solely considered. But we must here reluctantly take leave of our ingenious experimentalist, with feelings of the highest respect for his talents and industry, and with our sincere acknowledgments to the editor for bringing the last lucubrations of his esteemed relative before the eye of the public.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London. Vol. VII. Part I.—Longman and Co. 1816.

(Continued from vol. 36, p. 489.)

An Account of the last Illness and Death of Professor H. Benedict de Saussure; by Louis Odier, M.D. Professor of Medicine in the Academy of Geneva; and one of the Foreign Members of the Society.

In giving our opinion of this case, we shall commence with the examination of the body, and afterwards connect the appearances with the symptoms. In doing this, contrary to the order as we find it, we shall begin with the viscera of the trunk, as the symptoms of disease appeared earliest in them.

"The abdomen presented a singular conformation: for, when the integuments and peritoneum were opened and turned back, so as to expose the viscera, neither the stomach, the liver, nor the colon could be seen, nothing but small intestines and cæcum presenting themselves. This last was of enormous size. Its circumference measured fifteen inches, while that of the ileum at its termination in the cæcum was not more than four or five inches. The appendix vermiformis was four or five inches long, and adhered by its extremity to the posterior surface of the cæcum. The colon, entirely hid by the small intestines, was also much dilated, and ascended to the right side, over the liver, to the diaphragm as far as the sixth or seventh rib, then passed to the left side, where it reached as high as the fifth rib, immediately under the nipple, so that in this place it was nearly contiguous to the apex of the heart, being

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being separated from it only by the diaphragm, which it had pushed considerably upwards. Thus, the colon, instead of passing as usual below the liver and the stomach, passed above these viscera. It bestrode the stomach at its superior orifice, and compressed it so much the more, as, instead of descending as in the natural state on the left side, it passed down obliquely to the right side, so that its sigmoid flexure was contiguous to the cæcum: at length it terminated in the rectum, which was also dilated to such a degree, as to equal the ordinary size of the colon. All the other abdominal viscera were sound. There was no trace of obstruction, hardness, or other morbid affection of the pancreas.

"With regard to the viscera of the thorax, the lungs were small, but in other respects healthy, as were also the heart and the large vessels. But as the diaphragm was pushed considerably upwards, so as to admit of very little room for the expansion of the lungs in respiration, if the dimensions of the thorax had been confined within its ordinary limits; this was compensated for by the lungs being extended under the clavicles to some height along the neck. We had not sufficient time to examine minutely the attachments of the pleura and mediastinum in this singular conformation."

In turning back to the history, we are equally disappointed and surprised to find scarcely a hint to direct us as to the time of life at which each of the complaints commenced. We are only told, that the professor enjoyed, early in life, a state of health and strength which promised an hereditary longevity; and that, "from the age of fifteen he had been liable to hæmorrhoids, which occasionally bled profusely."

"His health had been uniformly good, till the time when he took a voyage to the Boramean Islands, about thirty years ago; on which occasion, having eaten a large quantity of acid fruits, he was seized with a long and serious disorder, which was supposed to have its seat in the stomach, or in the pancreas, and which rendered him incapable of retaining any species of nourishment. All remedies were ineffectual, excepting Starkey's soap, which was of great service to him. Ever after the period of this illness, he was subject to symptoms of deranged digestion, was tormented with flatulence, and with so inveterate a disposition to generate acid in the stomach, that, although he lived for a great number of years almost entirely upon meat, and other animal food, and avoided, with the greatest care, fruit, green vegetables, and acid liquors, he regularly experienced, for some hours after dinner every day, a kind of pyrosis or burning sensation, which obliged him to have recourse to chalk, or other absorbents, and to reject, by vomiting, a great part of what he had eaten. He had fortunately acquired the power of thus emptying the stomach without any particular inconvenience. If he, at any time, endeavoured to resist this urgent call to vomit, he used to feel a great sense of weight pressing on his stomach, accompanied by strong acidity, and a species of anxiety so oppressive, that nothing could assuage it but immediate

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mediate vomiting, to which he was always at last obliged to have recourse. In general, however, he did not wait till the distress had attained this degree of severity; and he chose so well his opportunity for relieving himself, that most of his friends, and even his relations, never knew that he was subject to this infirmity."

We pass over more minute circumstances, unconnected with the organic derangement, to allow room for Dr. Odier's reflections on the above.

"If (says he) we consider the state of the abdominal viscera, I may remark that the displacement of the colon, and the compression that it exercised on the superior orifice of the stomach, present a very natural explanation of the habitual vomitings which the patient experienced some hours after his meals. The extreme dilatation of the large intestines may have been the consequence of the great appetite, which his frequent mountain excursions tended to create; especially as he was in the habit of satisfying it by food that was coarse, and calculated to afford a large quantity of fæces, which the exercises he took would tend to accumulate, and to harden in the track of the large intestines. I had long ago been convinced of the dilatation of the rectum, from its producing symptoms of compression on the vesiculæ seminales, which the patient had often mentioned to me, and which I could explain on no other supposition. This circumstance also, perhaps, contributed to the incontinence of urine, which had tormented him for the last months of his life; but what I certainly could not foresee was, the displacement of the colon. I do not pretend to decide whether this displacement was coeval with birth, or was the gradual effect of dilatation. I am, however, inclined to the latter opinion. I must at the same time acknowledge that an accidental displacement of the colon in this direction, is a phenomenon which I have never witnessed, is unprecedented in the records of medicine, and is apparently in opposition to the natural tendency of the gravity of the contents of this intestine, which would be that of depressing its curvature and of drawing it down towards the pubis, instead of pressing it against the diaphragm. It must, however, be considered that the great muscular strength of De Saussure, and the continual exercise which had become habitual to him, especially that of ascending steep acclivities, in which the abdominal muscles are in strong action, would contribute powerfully to increase their tension, and would tend to overbalance this effect of gravity, and to force the intestine upwards by the obstacle opposed to its descent.

"Lastly, the diminished capacity of the lungs might be supposed to explain the affection of respiration which Mr. De Saussure experienced on very high mountains; but this cannot be admitted as the sole cause, since other philosophers, whose chests were amply capacious, suffered greater inconvenience from the rarefaction of the air at much less considerable elevations. The symptoms which he describes as having felt in these exalted regions, are, besides,

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nearly the same as those which are stated by the French academicians who ascended the Cordilleras: and there is no likelihood that any similar organic defect existed in them, for I have never seen any other example of the same kind. It is still, however, remarkable that it produced no sensible effect on his habitual state; and there is, perhaps, still more difficulty in understanding how the immense quantity of fæces which must have passed through the colon so near to the heart, had never interfered in the least with its action."

Every reader will join with us in the value of the above as a pathological record. We shall now give the examination of the brain, and connect it with the previous symptoms.

"The body was opened thirty-two hours after death. The dura mater was strongly adhering, particularly along the longitudinal sinus. Between the pia mater and arachnoid coat, we found a considerable effusion of a gelatinous substance, similar to what is often met with in the brain of persons who have died of comatose affections. It had the same bluish tint, peculiar to that substance; excepting that here and there circular spots of a different colour were observed, being of a greyish yellow, and about three or four lines in diameter. They appeared as if encrusted within the membranes, and breaking down into small detached spheres, each of which was surrounded by a small circular border of a blackish red colour. We took these spots, at first sight, for hydatids; but when we attempted to separate them from the membranes, their red margins were found to be blood-vessels, connected with the other vessels of the head; and contorted, from what cause I know not, into circles. There were no separate pouches, or solution of continuity in the membranes; only in these places they were more transparent than in others, and the serosity which was underneath communicated freely with that which was spread over the whole surface of the brain, being of the same nature and of the same colour, namely yellowish. This colour was apparent in these places on account of the transparency of the membranes, whose opacity in the rest of the surface give it a bluer tint. From whichever of these places the membranes were opened, the serosity flowed out like water, and we thus collected about two or three table-spoonfuls. We heated it by the flame of a candle: there was no coagulation, but a strong ebullition with large bubbles; and the whole fluid evaporated without leaving any sensible residue.

"The effusion had taken place, not only on all the surface of the cerebrum, but also on that of the cerebellum, in which latter it was much more considerable on the right than on the left side. We here and there perceived a few air bubbles, mixed with the blood, in some of the blood-vessels.

"The ventricles were also entirely filled with the same kind of serosity, and in such quantity as to dilate them considerably. We estimated that, on the whole, there was about five ounces. The

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choroid plexus appeared to be almost entirely composed of clusters of hydatids; an appearance which is indeed very common, depending altogether on the dilatation of the very delicate vessels which form the plexus, and not on detached hydatids. The pineal gland was hard, and crumbled like earth between the fingers; but this is also no uncommon appearance. The examination of the head presented nothing further worthy of notice, except that the brain was a good deal flattened at the temples, and deeply furrowed by the arteries."

"At the close of the year 1793, after a long continuance of painful exertions in endeavouring to stem the torrent of our political revolutions, and much domestic anxiety, he was suddenly attacked with vertigo, followed by a distinct feeling of numbness in the left arm and leg: a feeling which nothing could ever remove, though the vertigo was not of long duration. It was to no purpose that I had recourse to blistering, purgatives, frictions with flannel, and with mustard; followed by a long catalogue of antispasmodic and tonic remedies. This affection of the limbs appeared to be seated more in the sentient extremities of the nerves, than in the moving fibres. The arm executed with facility every kind of movement, but conveyed no distinct sensation of touch. He felt always as if a quantity of sand were interposed between his fingers and the objects to which he applied them. This sensation was even to a certain degree painful and agonizing; as if the chief morbid affection of the hand had consisted in an excess of sensibility, so that he was afraid to use it without the protection of a glove. A sensation somewhat analogous to this was also felt in the cheek and the mouth of the same side, which, when he passed his hand across his face, made him sensible of a line of demarcation, very distinctly defined between the right and left side; a sensation which was extremely disagreeable. In other respects he enjoyed good health, and shewed no symptom of plethora, or of debility. He also retained for a long time, his wonted presence of mind, and the full vigour of his intellectual faculties. Many months elapsed without the least change, although this interval was occupied with trials of a multitude of remedies. The cold bath, the hot bath, electricity, arnica, valerian, blistering, embrocations, travelling, hot mineral baths, both artificial and natural, such as those of Aix, Bourbon, and Plombieres; vegetable juices, changes of diet, &c. all were ineffectual. The disorder grew worse, but almost always by sudden accessions more or less distinct and severe. One of the most violent of these seizures occurred at the baths of Bourbon, and was brought on by a *douche*, that had been made too hot; and so complete was the attack, that the whole of the left side, from the foot to the tongue, was affected by it. His speech became gradually confused, and almost unintelligible. His legs, especially the left one, were raised or bent with difficulty. This was most perceptible when he attempted to walk in a straight line, following the junctions in the floor of his apartment, a kind of exercise, in which, from constant practice, he had become very expert, having pursued

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it with the view of accustoming himself to tread with security on the narrowest ledges of mountains, and borders of precipices. But his disorder had now deprived him of the power of preserving his balance, and his limbs were no longer obedient to the determinations of his will. The most remarkable circumstance, however, attending this state, was, that after he had become so infirm as to require the assistance of a stick in walking, it was in going in or out at the door of a room, that he experienced the greatest difficulty. He could cross the room with a tolerably firm step; but the moment he reached the door, although open on both sides, and leaving a space much wider than his body, and without any difference of level in the floor, it was a most arduous undertaking for him to pass through. He tottered and precipitated his motions, as if he were preparing for the most perilous leap: no sooner was the difficulty surmounted, than he recovered his former confidence, and proceeded with ease across the passage, until he came to another door, when the same unaccountable terrors again assailed him, and the same caution and trouble were requisite to achieve the steps by which the invisible barrier was to be passed. On his return to Plombieres, he had a copious herpetic eruption on the forehead and about the eyes: it was hoped that this would relieve his other complaints. A similar expectation was entertained from the effects of a hæmorrhoidal colic, which suddenly attacked him; but all these hopes were delusive. The disease continued to gain ground."

Blisters produced a temporary relief, and the use of oxygen air proved so highly diuretic as to induce a suspicion of diabetes, which suspicion was much encreased by an immoderate thirst, voracious appetite, and acidity at the stomach. The urine, however, afforded no sugar, though the patient had lived on vegetable diet from the time that his paralysis was confirmed. His vomiting had ceased from the commencement of the paralytic symptoms.

"The disorder (continues the narrator,) advanced rapidly, though by very insensible gradations; the powers of intellect became impaired; he was hardly able to walk; his features sunk, and his body became more and more bent to the left side. He fell into a sort of apathy, from which he only occasionally revived, and for the moment was only capable of taking a part in conversation. He laboured for a time under incontinence of urine, and next had a spasmodic contraction in three fingers of the left hand; and then a gangrenous ulcer on the prepuce. From these complicated infirmities he was soon delivered, by a tranquil, and somewhat sudden dissolution. He had supped on the preceding evening with good appetite, but had been restless in the night. In the morning he turned his head on one side, and breathed his last without a struggle."

The following are the author's reflexions on this part of the examination:

"It appears that the proximate cause of the disease and death

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of Professor de Saussure, was the effusion of a great quantity of serosity in the ventricles, and between the membranes of the brain; which effusion produced a great compression, and consequent injury of the functions of that organ. I presume it had commenced between the membranes of the cerebellum, because it was only in that situation that we found any difference between the right and left sides: and the disease, though general towards its close, had been for a long time confined to the left side, which, as is well known, leads to a presumption that the right side of the brain was the most affected. An effusion similar to the one above described is a very frequent cause of apoplexy, but in general it takes place suddenly, and the disease lasts only a few days. I have lately seen a gentleman of 61 years of age attacked with apoplexy, which proved fatal in sixty hours, whose head presented on dissection exactly the same appearances as in the case of De Saussure, in whom the disease was of five years' duration. It is singular that so great a derangement in the organization of the brain, and existing for so long a period, should have occasioned so little alteration in the intellectual powers: another singular circumstance is that, with the exception of some transient dimness of sight, the eyes had never been affected; and that the pupil had always contracted readily. The usual consequence of effusion in the ventricles producing the hydrocephalus of children, is a dilatation of the pupil; and it may be understood how in the case of Mr. De Saussure, the disease having increased only very gradually, the optic nerves might have accustomed themselves to a degree of compression, which, had it been sudden, would have affected them; but in the illness of the gentleman above-mentioned, which lasted only three days, no dilatation of the pupil was observed. On what does this difference depend? It will probably be long before this question can be determined. Affections of the brain to all appearance perfectly identical often produce very different effects, and, conversely, effects that are perfectly similar arise frequently from very different morbid affections. In most cases we are equally in the dark with regard to the cause of the effusion. But in this instance we may reasonably attribute it to the cares, the anxieties, and the struggles, with which the mind of our illustrious countryman had been harassed by the eventful political revolutions above alluded to. On the other hand, I have learned since his death that, at the beginning of 1793, he had met with a severe fall down a stone staircase, a cause which, it is well known, often lays the foundation of hydrocephalus; but his son has assured me, that, long before this period, his father frequently mistook one word for another, without being conscious of his mistake, so that he was irritated at not being understood, a circumstance which would appear to indicate that his illness should be dated prior to the first attack in 1793. Lastly, it may also be conceived that the displacement of the intestines may, to a certain extent, have compressed the great vessels, and thus have impeded the freedom of circulation in the head."

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Here we think it our duty to detain our reader for a few minutes. We shall say nothing of the last cause, to which the author doubts whether the affusion of the brain may be attributed. It is of a piece with the late Dr. Fothergill's opinion concerning the compression of the *cava* by a hearty supper, and argues so very contracted a view of the resources and provisions of the economy as to deserve no notice.

It is more to the purpose to remark, that the deceased was of an athletic constitution; that he was plethoric from the early climacteric period of puberty; and that, later in life, he was incapable of that hard exercise which might be best suited to such an economy. That the disease in the brain was the effect of effusion or inflammation, or both, is very plain; and also that paroxysms of the above occurred at different times. "The disorder," we are told, "grew worse, but almost always by accession, more or less sudden or severe." The last, and, probably, all the others, were preceded by apparently higher health than usual. "He supped," we are told, "on the preceding evening with good appetite;" was restless in the night; and died in the morning.

When extravasation on the brain takes place in young subjects, it is a remark of the ablest practitioners that the patient rarely escapes without a permanent loss of the use of a limb or of a side. In older people, if they live, all the parts more commonly recover. From a very frequent examination of such subjects, we do not scruple to impute this difference to a cause similar to what we remarked in tracheitis in young and older subjects. When inflammation, or even when mere extravasation, occurs in young subjects, the effused lymph coagulates, and retains, not only its life, but strong powers of organization. Hence the coagulum is frequently found with vessels communicating with the neighbouring parts; and, when such is the case, though all the other effused substances, whether serum or blood, may be absorbed, and any other injury the brain may have suffered be repaired; yet the organized substance will remain, having a capacity to support itself; and, by remaining, either press upon or occupy part of the substance of the brain, and thus impede the proper communication of that part with the corresponding members. In older subjects, there is less danger of the coagulum forming vessels to support itself: hence the whole extravasated part may be absorbed, and the brain recover its functions. On the ingenuous remarks concerning the sensibility of the ophthalmic nerves, and the great uncertainty of the effects induced by the various affections of the brain, we shall refrain to make any animadversions;

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versions; acknowledging, with the author, our ignorance of these subjects, and regretting, as we doubt not he will do, the coarse treatment which Spurzheim has received in these islands. Whatever may have been his errors, should the man who has thrown the smallest ray of light on this obscure part of physiology be treated with disrespect, not to say with vulgarity and rudeness?

Attached to this paper are some additional remarks by Dr. Marcet. These remarks contain the history of Professor Ferguson's case, who, at the age of 50, was attacked with hæmiplegia, from which he recovered, and lived to the age of 93. For a man of such animal powers, it is true, 50 is not a very advanced age; but it should be remarked, that, at the period of his seizure, instead of high health, he had made a fatiguing excursion into the country, in very cold weather, and returned to town, just before dinner, very much chilled. In this condition, he ate and drank as usual; was seized with hæmiplegia; and, fortunately, *immediately* bled and purged. By an abstemious diet, he perfectly recovered; that is, the extravasated fluid was absorbed, and the functions of the brain preserved.

(To be concluded in our next.)

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

THE following paper being transmitted to us without a name is not to be considered as a document, but as the statement of a case, for which it is doubtful whether the Act has made sufficient provision.

To the Master, Wardens, and Court of Assistants, of the Society of Apothecaries.

GENTLEMEN,

HAVING been appointed by you, a member of the Court of Examiners of the Society of Apothecaries, and a circumstance having occurred, in the execution of that duty, which renders an appeal to the Court of Assistants imperative upon me, I beg leave to state the case for your consideration and decision.

A candidate of the name of A. B. applied, on the 12th ultimo, to the Court of Examiners to be examined for a certificate to practise as an apothecary. He stated that he had been bound apprentice, as a citizen and ironmonger, in the year 1807, for seven years, to a Mr. C. D., chemist and druggist, of ..... street, London; that his indenture was in the Chamberlain's Office; but that his master had given him the following certificate, which he produced:

"I hereby notify to whom it may concern, that A. B. was bound apprentice to me on the 8th day of November, 1807, for the term

term of seven years; that, during the said period, he conducted himself to my satisfaction; that he was in the habit of dispensing medicines, and making preparations in pharmacy, under my directions; and that he is of good moral conduct.

"*London; June* 18, 1816. (Signed) C. D."

Half the members of the court (including myself) objected to Mr. A. B. being admitted to examination, upon the ground that he had not served an apprenticeship to an apothecary as the Act directs; and, therefore, could not claim under the Act to be examined. The casting vote decided that he should be admitted to examination. I then offered a formal and written dissent, founding my objection on its being an illegal proceeding. A proposal to postpone deciding the question of examination for a week, was also rejected. As I considered the proceeding as contrary to law as it was to policy, I refused putting my signature to a certificate granted under such circumstances; and the reasons that influenced my determination, are:—1st, That the candidate had served his apprenticeship to a chemist and druggist, and not to an apothecary. 2dly, That the master's certificate did noteet forth, or assume, that he was an apothecary, but a mere dispenser of medicines. 3dly, That a dispensing chemist and druggist, who neither before nor since the passing of the Act ever called himself, or wrote upon his house, *apothecary*, is not an apothecary, nor can his apprentice claim as such. 4thly, Because, whatever doubts might have prevailed formerly, as to who were, or who were not, apothecaries, none can exist now; since the committee of the House of Commons would not grant the prayer of the petition for the late Act, until evidence had been examined, that apothecaries had, from time immemorial, visited and prescribed for the sick; and, unless satisfactory proofs of that fact had been adduced before them, the Act which expressly enjoins the Court of Examiners to examine all apothecaries touching "their skill and abilities in the science and practice of medicine," (see section 14,) would never have passed. 5thly, That the said master is not an apothecary is also clear, according to the usage of the society; for his shop is exempt, by former custom, as well as by the Act itself, from the inspection of the society's examiners; nor has it ever been examined by the College of Physicians, although it has remained in its present state for thirty years past. 6thly, That no apprentice who had served this master, or any other chemist and druggist, would be admitted to purchase his freedom of the society; which, if I am rightly informed, always require indentures of apprenticeship to a member of the society, or to a regular apothecary. 7thly, The chemists and druggists opposed the Bill, and procured the introduction of a special clause, (see Section 28,) to free them from being considered apothecaries, and from being subjected to the provisions of the Act. 8thly, That the Court of Assistants have themselves sanctioned the opinion, that dispensing druggists and chemists were not apothecaries. 9thly, That the Court of Examiners have themselves also decided, that persons serving an apprenticeship to chemists and druggists

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druggists solely, have no right to be examined, or to practise as apothecaries. Lastly, If it be established, that dispensing chemists and druggists are legal apothecaries, the Court of Assistants cannot, by virtue of any bye-law, refuse any chemist or druggist admission into the society, after having received a certificate as a qualified apothecary. Thus a precedent might be introduced, that may prove subversive of the society itself as a body of apothecaries.

These, gentlemen, are not merely my arguments, but they embrace the opinions of the best legal authority I have been able to consult. But, as the legal opinions to which I allude could not be received, as they did not come through the official and regular channel, I submitted a motion at the last meeting of the Court of Examiners, that the Court of Assistants should be requested to take counsel's opinion on a subject so delicate and important, in order that the minds of all the examiners might be correctly informed, and the consciences of the majority of them be satisfied, whether they are acting right or wrong; but this question was also negatived, by a casting vote only. Failing, therefore, in my attempt to lay this case before your court in the more consistent way, my only resource is, to make a personal appeal for advice to guide my future conduct on any similar occasion. If the law be otherwise than I have been taught, and interpret it, however much I may lament the defect in the Act, it is my duty to submit, and conform to its enactments; but, having at present a quite opposite impression, I feel it equally my duty, as a member of the Court of Examiners, until instructed by legal authority to the contrary, to firmly resist, by every fair means, all attempts to admit candidates, having served dispensing chemists and druggists only, to an examination; neither will I sign the certificate of any such candidate. I, therefore, most respectfully solicit from the Court of Assistants an early intimation of their pleasure on the subject now proposed to them.

I have the honor to be, gentlemen,
Your obedient humble servant, &c.

October 2, 1816.

Extract of a private Letter from Masham, near *Bedale*.—A very eminent medical practitioner in this place, and 20 miles round about it, has recommended, with universal success, the following method of rendering *very* unsound corn capable of being made into perfectly good bread.—Add to eighteen pounds of unsound flour, or meal, two ounces of salt of tartar, dissolved in warm milk and water, or only warm water, and let the whole be kneaded very stiff. If yeast should be used, after the said liquid, and the meal has been well mixed, the dough should be set before a fire for an hour, in the same manner as common bread. As there are degrees of unsoundness in corn, Mr. BAINES suggests, that the said quantity of salt of tartar might be used with sufficient effect with twenty-eight pounds of flour, or meal, where the unsoundness is not considerable.

I have troubled you with the above communication, as I am fully

fully convinced of its importance in alleviating the unfortunate scarcity which at present threatens to afflict the country; and from being persuaded that you may contribute very materially to recommend so useful a receipt to general use where wanted.

The following is the postscript of a letter much too long for insertion:—"P. S. Since I commenced the above letter, I have been gratified by the perusal of an article in the Quarterly Review for November 1816, (to which I beg to refer your readers, as containing many judicious and valuable remarks on the subject of insanity and madhouses,) in which the writer, although far from entirely concurring in sentiment with Mr. HILL, expresses a very different opinion, in reference to the Treatises extant upon Insanity, from that which you have thought proper to express in your Journal.—You say, as already quoted, "Mr. HASLAM's performance is the only one which offers any insight into the mode of treatment."—The writer of the article referred to, on the contrary, considers Mr. HILL's as the best systematic work on insanity which has yet been presented to the public. (Vide Quarterly Review for 1816, page 401.)"

We cannot help being pleased with H.'s zeal in behalf of his friend, but he must be aware that such long communications would occupy more space than our readers expect by way of explanation, and from anonymous writers. It is probable that the remark concerning Mr. HASLAM's book was written by a fellow-labourer who had not seen Mr. HILL's. In our review of Mr. HILL, it is clearly shown that he enters on the TREATMENT of Insanity in all its forms.

Mr. BRAND is appointed Secretary to the Royal Society, in the room of Dr. Woolaston, who has resigned.

At the meeting of the London Medical Society, on the 9th ult. a letter from Dr. MEASE, of Philadelphia, was read, containing an account of the death of the late Dr. Rush. By this it appears, that the doctor was right in his opinion of his own disease (pleurisy), and probably fell a sacrifice to his ill-timed modesty.—On the same evening, Mr. STEVENSON exhibited and explained to the members present the mechanism and mode of using several instruments which he has invented, and finds very convenient for performing different operations upon the eye and ear. The attention of the members was particularly attracted by the simplicity of an admirably-contrived pair of ear-forceps, serving equally for the extraction of polypi or any extraneous substances from the meatus auditorius externus, and as a speculum auris. A scarificator, which is alike applicable for drawing away blood from the internal membrane of the eye-lids, and membranous lining of the auditory passage, when labouring under high inflammatory action, surpasses any apparatus of the kind in common use, by its elegance and neatness, but most of all its apparent adaptation to the purposes for which it is designed. The superior advantages of a knife, contrived for making

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with greater safety and effect the section through the cornea, preparatory to the removal of the opake lens, was described in a very satisfactory manner. Lastly, a small spear-shaped lancet, fixed in an hexagonal handle, was represented, as not only well suited for making a puncture into the cornea, in order to evacuate the contents of the aqueous humour in certain diseased states of the organ of vision, but likewise with the aid of a grooved conductor, made to correspond with the size of the instrument, for the removal of grumous blood, pus, or the broken fragments of cataracts from the anterior chamber of the eye. These, which, as far as we recollect, constitute the whole of the instruments shown by Mr. STEVENSON, do great credit to the inventor, and promise to facilitate operations on that delicate organ.

It is with real concern we feel ourselves obliged to advert to some events in the London Hospital, the full history of which we shall not pretend to develope. On the resignation of Mr. Thomas Blizard, three candidates presented their pretensions to the governors: Mr. Armiger, Mr. Frampton, and Mr. Andrews. All had the customary claims of apprenticeship to the hospital; and the priority of this claim stands, we believe, in the order in which we have placed them; but the votes of the governors have been in the inverse ratio of that order. The influence of the Blizards has been often complained of in that house; yet the very large majority by which Mr. Andrews was chosen, is more than we can entirely place to the account of that influence. Mr. Frampton complains that he has paid 900l. to the hospital; but, surely, he would not wish to claim the surgeoncy as a purchase. As to the apprentice-fee, we can only regret that the friends of so many young men are induced to give these large sums on such uncertain prospects; nor can we help expressing our surprise, that hospital-surgeons should receive so many apprentices, when so few can succeed them.

Another expense of which Mr. Frampton complains, is the purchase of the anatomical school. That this school was raised at some expense by Sir William Blizard, cannot be questioned; and, though it does not pay the teacher like other establishments in better situated hospitals, yet it must always prove an advantage to every young surgeon, and surely much more than return interest and principal for any charge which may attend the first introduction of a teacher.

Having said thus much, we wish not to be supposed competent to offer any opinion on the claims of the different candidates; but, as the public at large must be still worse judges, we always regret every appeal to them. If we may be allowed an opinion, we suspect it is this very uncertain judgment (for in medicine more than in any other science we may say *judicium vulgi fallax*) of the public, that has been the source of Mr. Frampton's failure. Probably, whilst he has been passing his time in the dissecting-room, and trusting to a supposed compact, which cannot be proved,

Mr.

Mr. Andrews and his friends have been strengthening their connection with the governors. We mention this, not to encourage that kind of tortuous introduction to such honours, but to remind young men that, however great their merits may be, the public must be attended to; that it is not enough that promises are presumed; there must be a perfect understanding; and even that should not depend entirely on the parties themselves.

Prize Memoir on Hydrophobia.—The union of physicians at Paris, under the title of The Medical Circle, wishing to acquire new light on the nature of rabies, or canine madness, (*la rage,*) offers a gold medal of the value of 300 francs, for the best Essay on the Question, including the following points:

1. In what consists the disease known under the name of Hydrophobia, (*la rage*)?
2. What are the characteristic symptoms of it in men and animals?
3. Whether there are examples of its developing itself spontaneously in men?
4. Whether there exist several species, and what are those species?
5. Whether they are contagious for man, and in what manner the contagion is communicated?
6. Whether we ought to attribute the accidents which follow the bite of enraged animals to a particular virus, to the nature of the bite, or to the physical lesion of the bitten parts, or to terror?
7. Whether the fluids or solids present any alteration peculiar to this disease, during life or after death?
8. What is the best mode of treatment, either as prevention or cure?

The memoirs must be written in French or Latin, and bear, as usual, a motto, to be repeated on a sealed letter, containing the author's name, and addressed (post paid), before the 1st of January, 1817, to Dr. Chardele, General Secretary of the Medical Circle, No. 23, Rue Cassette, Paris. The Prize will be awarded in a public extraordinary sitting, to be held in the month of March, 1817.

Pharmaceutic Improvements.

On New Preparations of Ipecacuanha, Peruvian Bark, and Rhubarb; by M. Coldefy, Apothecary at Crepy.—To render the administration of these remedies the more agreeable to the most delicate children, M. Coldefy has proposed a mode of dissolving the active principles in alcohol of 20 degrees, and then combining this alcohol with sugar.

Tincture of Ipecacuanha.—Ipecacuanha in coarse powder, ℥v. Alcohol of 20 degrees, ℥xii. Infuse in a moderate heat six days, decant, and pour into it alcohol of 20 degrees, ℥vi. Leave to infuse eight days, decant, and add alcohol of 20 degrees, ℥vi. Infuse for eight days more, filter, and mix the three liquors, which will

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will be about twenty-three ounces; pour in the residue placed in the filter what is wanting of alcohol of 20 degrees, to make up twenty-five ounces of tincture.

Sugar of Ipecacuanha. — ℞. Of the above tincture, ℥iiℌ. White dry sugar in powder, ℥ii. Mix them carefully in a wide earthen pan, evaporate to dryness, taking care to stir the mixture twice or thrice a day with an ivory spatula. The operation will be completed the third day; triturate the product gently in a marble mortar, and, as it granulates, pass it through a coarse hair sieve, and preserve it in a phial well corked. The granulated form appears to me the most eligible.

It will be apparent from this formula, that four ounces of sugar are used to one ounce of ipecacuanha; the quantity of sugar may appear too great, but it has been preferred to a less proportion, because various experiments have convinced us, that, when the sugar is in too small a quantity, the medicament is not so perfect when dissolved in water; besides, it possesses a more agreeable flavour, and produces precisely the same effect.

Tincture of Peruvian Bark.—℞. Selected bark in coarse powder, ℥viii. Alcohol of 20 degrees, ℥ xx. Let it infuse in a gentle heat, decant carefully, and add of alcohol, of 20 degrees, sixteen ounces. Infuse in the same temperature eight days more, decant carefully, and pour on the residue alcohol, of 20 degrees, twelve ounces. Infuse eight days, decant, and add of alcohol 12 degrees; let it infuse six days, filter, and pour on the residue to make up fifty-six ounces of tincture. After having thus obtained a strong tincture, pour it into a small sand-bath, with sixteen ounces of water, at the temperature of 60 degrees Reaumur; place the sand-bath in its cucurbit, and keep up the same heat for six hours, taking care to cover it closely, decant the liquor, and pour on the residue 11 oz. of water at 60 degrees; proceed as above, express the whole of the fluid, and mix the two infusions, which ought to weigh eighty-four ounces.

I have subjected the bark to the latter observation, in order to separate the kinate of lime, which is insoluble in alchohol, and the little extractive matter which might have resisted that agent, which is thus perfectly obtained.

Sugar of Peruvian Bark.—℞. Of the above tincture, ℥vii. White dry sugar in powder, ℥ iii. Mix in an earthen vessel, and place on a stove. Take aqueous infusion of bark, ℥xii. Sugar, ℥iv. Mix in an earthen vessel, and treat it like the ipecacuanha; unite the products, triturate and granulate them as above. The bark thus treated yields one ounce, two drachms, and a half, of a gum resinous extract, or nearly one-third of its weight.

I have treated Moscow rhubarb with alcohol of 20 degrees; four infusions extracted all the virtue, it lost nearly one-half. I have obtained by the same method, a sugar possessing all the virtues of the root. The liquid must, on each occasion, be expressed from the root.

On

On the Honey of Mount Hymettus, by M. CADET.—We only know the honey of Athens, or Mount Hymettus, by the praises which the Greeks and Romans bestowed upon it. The ancients, being ignorant of crystallized sugar, paid their attention entirely to honey, which was estimated according to its mildness. The Latin authors boast of the honey of Mount Hybla, in Sicily, that of Carina, &c. &c. in particular, that of Mount Hymettus, near Athens, is that mentioned by Martial, Lib. vii. Epig. 87.

Pascat et Hybla meas, pascat Hymettas apes.

Horace sung it also in ridiculing a voluptuary who refused to drink the Falernian wine unless softened by the honey of Hymettus:

Nisi Hymettia mella Falerno
Ne biberis diluta.—Lib. ii. Sat. 5. v. 15.

Silius Italicus, l. ii. v. 218, also cites it:

Sparsa super flores examina tollit Hymettos.

This honey has lost nothing of its reputation: the modern Greeks send it to Constantinople, where it is highly esteemed, and where it is called *Cosbachi*. They have observed that it bears more water when used for sherbet or hydromel. The *Calayers* are astonished that Narbonne honey is esteemed on account of its whiteness, that being with them a proof that the honey was not perfectly made by the bees. Strabo says, the best honey is made without vapour, and therefore the Greeks do not destroy the bees, however old they are, as is the practice in some countries. The honey of Mount Hymettus is generally supposed to be indebted for its excellence to the odoriferous flowers which grow on Mount Hymettus. Pliny ascribes it to the thyme that grows there, which he tells us was transported to Italy in the hope of obtaining similar honey, but the experiment did not succeed.

This opinion of the Roman naturalist is very singular, as the honey of Athens is not odoriferous, is a beautiful yellow colour, mixed with a little wax: but, since the refinement of sugar of the cane and beet-root, the natural product celebrated by Homer, and prized so highly by the masters of the world, has lost its grand interest as an article of luxury.

Sulphurous Fumigations.—The success of sulphurous fumigations in chronic disorders, the itch, &c. has induced the French government to order to be printed at the Royal Printing-office, a Memoir of Dr. GALES on the subject, detailing the practice as established by him at his own house at Paris.

The ready, easy, and economical cure of cutaneous and other disorders by the application of this method is detailed in three official reports commanded by the Minister of the Interior. The first, of the medical jury of the civil hospitals; the second, a committee of the faculty of medicine; and the third, of the principal physicians of the capital: by which it is proved, that it is a certain and speedy cure for the itch, and generally in all chronic affections of the skin, and is a powerful auxiliary in gout and

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and rheumatism. It has also effected astonishing cures in paralysis, though its effect is not always certain in this disorder. The Duke de Richelieu and Count de Vaublain, ministers for foreign affairs and the interior, have attended the curative process; and the minister of the interior has written to all the prefects, or governors of provinces, desiring them to adopt the method of Dr. GALES in all hospitals, workhouses, houses of correction, &c. and that Dr. GALES, though as the inventor of the process, and consequently has the exclusive right of practising, yet, on the demand of the prefects, he will supply for these benevolent and public purposes the necessary apparatus for 20l.

The Memoir, and the three Reports, are of great importance: having only just appeared, we cannot notice them properly this month, but shall give an article on the subject in a future Number.

Physicians condemned to Celibacy.—Formerly in France, the "Professors of the Faculty of Medicine" were *clerks*, and condemned to celibacy; but they made such pressing solicitations to Cardinal D'Estouteville, in 1452, and represented to him in such strong terms the temptations to which they were unceasingly exposed, that they at length obtained permission to marry.

Middlesex Hospital.—Dr. P. M. LATHAM and Dr. SOUTHEY will commence a Second Course of Lectures on the Practice of Physic, at this hospital, on Monday the 3d of February next.

Dr. ADAMS will begin his Spring Course of Lectures on the first Tuesday in February, at ten o'clock, at his house in Hatton Garden.

Theatre of Anatomy.—Mr. TAUNTON's Winter Course of Lectures on Anatomy, Physiology, Pathology, and Surgery, will commence on Saturday, January 18th, 1817, at eight o'clock in the evening precisely, and be continued every Tuesday, Thursday, and Saturday, at the same hour.

Mr. CLARKE will commence his next Course of Lectures on Midwifery and the Diseases of Women and Children, on Monday, January 27th. The lectures are read every morning, from a quarter-past ten to a quarter-past eleven, for the convenience of students attending the hospitals.

Theatre of Midwifery, 68, Berners-street.—Dr. CLOUGH, Physician-Accoucheur to the Endeavour Society, to the St. Mary-la-bonne General Dispensary, and to the Benevolent Institution for the Delivery of Poor Women at their own Habitations, &c. &c. commences his Winter Course of Lectures on the above Science, &c. on Monday morning, the 6th of January, at half-past ten.

Our REPORT ON DISEASES *is deferred till the next Number, when we shall offer our Remarks on the Yearly Bill of Mortality.*

METEOROLOGICAL

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METEOROLOGICAL REGISTER.

From November the 25th, to December the 25th, 1816.

Kept by C. BLUNT, Philosophical Instrument Maker, No. 38, Tavistock-Street, Covent-Garden.

Moon.	Day.	Wind.	Barometrical Pressure. Max.	Min.	Mean.	Temperature. Max.	Min.	Mean.	
◑	26	SE	30·02	30·03	30·25	49	42	45·05	Fair
	27	E	30·04	30 04	30·04	48	43	45·05	Fair
	28	E	30·48	30·48	30·48	46	44	45·	Fair
	29	NE	30·48	30·01	30·44	43	37	40·	Fair
	30	NE	30 75	30·75	30·75	40	31	35·05	Fair
	1	NW	30·78	30 07	30 74	37	32	34·05	Frost
	2	NW	30 64	30·06	30·62	40	35	37·05	Fair
	3	W	30·55	30 55	30·55	40	33	36·05	Fair
○	4	W	30·57	30·	30·28	45	37	36·	Fair
	5	W	30·	30·	30·	39	35	37 05	Fair
	6	NW	29·06	29 06	29·06	40	36	38·	Rain
	7	W	29·55	29 57	29·56	42	37	39 05	Fair
	8	W	29 58	29·54	29 56	41	38	39·	Rain
	9	NW	29·58	29 54	29·56	47	39	43·	Rain
	10	W	29·05	29·05	29·05	42	38	40·	Fair
	11	SW	29·48	29·46	29·47	42	38	40·	Fair
◐	12	SW	29·45	29·45	29 45	50	44	47·	Rain
	13	NW	28·81	28·81	28·81	51	46	48·	Rain
	14	NW	29 15	29·10	29·12	50	45	47·05	Rain
	15	NE	29·	29·	29·	41	34	37·05	Fair
	16	NE	29·20	29·10	29·15	43	33	38·	Fair
	17	NE	29 05	29·	29.25	41	30	35·05	Rain
●	18	NE	29·26	29·26	29·26	37	30	38·05	Fair
	19	NE	29·68	29 60	29·34	38	30	34·	Snow
	20	E	30·44	30·44	30·44	35	26	30·01	Frost
	21	E	30·61	30·31	30·46	31	24	27·	Frost
	22	SE	30 64	30 64	30·64	30	21	25·05	Frost
	23	S	30·05	30·05	30·05	46	39	42·05	Rain
	24	SE	30·01	30·	30·05	48	40	44·	Fair
	25	SE	29·71	29·	29·36	46	40	43·	Fair

RESULTS.

Mean barometrical pressure of the month 29·80
Maximum 30 78, wind at NW
Minimum 28·81, ——— SW

Mean temperature of the month 39 deg.
Maximum 51, wind at NW
Minimum 21, ——— SE

Scale exhibiting the prevailing Winds during the Month.

N	NE	E	SE	S	SW	W	NW
0	7	4	4	1	2	6	6

	Mean barometrical pressure.	Mean temperature.
From the first quarter on the 26th Nov. to the full moon on the 4th Dec.	30 50	39 55
——— the full moon on the 4th, to the last quarter on the 12th	29·33	43 3
——— the last quarter on the 12th, to the new moon on the 18th	29·30	41·7
——— the new moon on the 18th, to the first quarter on the 26th	30·	35·57

Boo[illegible]s

BOOKS PREPARING FOR PUBLICATION.

Dr. Burrows, of Gower-street, is preparing for the press a volume of "Commentaries on Mental Derangement."

In a few days will be published, a second edition of the Institutions of Physiology, by Professor Blumenbach; with extensive Notes, by John Elliotson, M.D.

Shortly will be published, a new edition of the late Mr. Saunders's work on the Anatomy and Diseases of the Ear. This edition will be of the same size as the Treatise on the Eye.

In the press, a miniature edition of the late Dr. Denman's Aphorisms on the use of the Forceps and Vectis; with a correct portrait of the author.

Speedily will be published, An Inquiry into the Effects of Spirituous Liquors on the Physical and Moral Faculties of Man, and on the Happiness of Society.

Mr. Samuel Young, in the course of the spring, will publish a further Report of Cancerous Cases successfully treated by the means of Mechanical Pressure.

CATALOGUE OF MEDICAL BOOKS.

A Practical Synopsis of Cutaneous Diseases, according to the Arrangement of Dr. Willan; exhibiting a concise View of the Diagnostic Symptoms, and the Method of Treatment. By Thomas Bateman, M.D. F.R.S. Physician to the Public Dispensatory, and to the Fever Institution. Fourth Edition. 8vo. Plates.

Observations on the Structure of the Brain; comprising an Estimate of the Claims of Drs. Gall and Spurzheim to discovery in the Anatomy of that Organ. By John Gordon, M.D. F.R.S. in Edinburgh, &c. &c.

NOTICES TO CORRESPONDENTS.

We do not recollect to have seen the Publication mentioned by L. G.— *Mr.* Yeatman's *paper shall be inserted as soon as his drawing is engraved.*— *Both* Mr. Kerr's *Letters are received, and his instructions attended to.*— Sceptic's *Letter would not suit the generality of our readers; we can, however, inform him, that soft soap only differs from hard in the first being made of vegetable, the latter of fossil alkali; or, to use a more common language, soft soap is made of potash, hard of soda. The soft may be the best for washing off infectious matter; but neither of them can be depended on.*

We have received, and shall insert in our next Number, a most interesting account of the last illness, and appearances after death, of our esteemed quondam fellow-labourer, Mr. Royston.

Communications are received from Drs. Sutton *and* Yeats; Messrs. Wm. Hey, Sandford, Smerdon, R. N. Starr, Ward, F. H., *and from a* Young but Constant Reader, &c.; *all of which shall appear in their order. We have also received a great number of foreign communications, some of no inconsiderable importance.*

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THE LONDON

Medical and Physical Journal.

2 OF VOL. XXXVII.] FEBRUARY, 1817. [NO. 216.

"For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly Journals; and there never existed any work to which the Faculty in EUROPE and AMERICA were under deeper obligations than to the Medical and Physical Journal of London, now forming a long, but an invaluable, series."—RUSH.

For the London Medical and Physical Journal.

On a Peculiarity in the Structure of the Teeth; by Mons. LEMAIRE, Surgeon-Dentist.

ABOUT two years since, a gentleman came to me with his daughter, aged about sixteen; her teeth were very beautiful; the upper lip on the right side was much more elevated than on the left, which led me to suppose, that he wished to consult me on an excrescence formed on the gums; but, on examining, I found that the temporary cuspidatus had been extracted to make room for the secondary incisores, as is now the common practice. The first small molaris had replaced the cuspidatus in such a manner, that the latter, meeting with obstacles, had not shown itself between the first little molaris and the little incisores, until the young lady had reached her sixteenth year. It was just visible when I was consulted. I deferred the extraction for a month. Many dentists would have extracted the first little molaris, in order that the cuspidatus might take its place; but it is a principle with me never to derange what appears to be well, and I always say to myself—*when in doubt act not.*

Six weeks afterwards, the young lady was brought to me again; the corona of the cuspidatus was partially shot forth; the gum was much swelled and painful. In raising it lightly with the probe, I perceived, on the lateral posterior surface, a body which I at first took to be tartar, being precisely of the same colour; I attempted to remove it previous to the extraction of the tooth. This, perceiving the adherence was very strong, I abandoned, and, with my instrument reversed, I made a demi-luxation, and afterwards terminated the operation by extracting the tooth downwards, without causing much pain or lacerating the gum. My surprize was extreme, when, instead of finding *one* cuspidatus, I found *four*, very distinct, detached from each other, and undoubtedly produced by four different germs. I showed the piece to

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Drs. Majendie, Breschet, and Beclard, who wished me to have it designed and engraved, which I should probably not have done, if the work of Mr. Fox had not fallen into my hands. This quarto volume, printed in a most expensive style, contains nineteen plates on the vicious formation of the teeth, the disorders of the gums and jaws, &c.; which have been already long and well known, and it is evident that the author had never met with a case similar to the present one. In fact, they must be extremely rare, and, perhaps, the one now presented is unique; be this, however, as it may, the subject is calculated to exercise the imagination of our physiologists.

Paris; Dec. 1816.

Explanation of the Plate.—Fig. 1, represents the external surface;—2, the lateral and posterior ditto;—3, the posterior ditto;—4, is the result of an ill-understood operation, practised too frequently, even at Paris. An unfortunate patient, aged thirty-six, in the eighth month of her pregnancy, went lately to a dentist to have a tooth extracted, which had appeared at the age of twenty, commonly called the wise tooth. She had already lost three of the molares (two large, and one small,) on the same side. The tooth in question, quite isolated by this loss, had a considerable caries in the inside, but, on the outside, afforded ample space for attaching the forceps. The dentist wished to extract it inwards, which ought never to be done, except when the teeth are loose. In that case we do not risk the fracture of the jaw, as was the case in the present instance; and, had I not been called in in time, the unfortunate woman would have inevitably perished. The commotion was so strong, and the buccinatores muscles and a portion of the constrictor superior of the pharynx so torn, that a dreadful hæmorrhage was the consequence, which prevented my extracting this monstrous splinter for twenty-four hours. The swelling was prodigious, the patient could not swallow even liquids; I experienced great difficulty in the operation of separating the splinter (which was one inch and three-quarters long, and six-tenths of an inch high) from the tooth; the adherence was so strong, that they appeared to form only one body. The extraction of this body, lemonade in abundance, lavemens, and bathing the feet, in a few days placed the patient out of danger. And may the example teach dentists to beware of following old systems, disavowed by nature and science, and rather decline a hazardous operation than risk the lives of those who honor us with their confidence.

We believe the French were the first to improve that part of surgery which regards the beauty of the teeth: but, in this, as in most other instances, they are much behind us in pathology. We trust the above, which we received from Paris, will attract the notice of some of our London surgeon-dentists, from one of whom we were some time ago promised a communication.—Edit.

For

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Fig. 1.

Fig. 2.

Fig. 3.

Fig. 4.

Engraved for the London Medical & Physical Journal.

London Published by Jon.ᵗ Souter. 1 *Paternoster Row Feb.ʸ 1.ˢᵗ* 181-

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For the London Medical and Physical Journal.

Explanation of a Statement contained in Mr. Atkinson's Paper;* by WILLIAM HEY, Junior.

AFTER the intimations of your wish, contained in your two last Numbers, that the controversy on obstetric practice might cease, I would not have troubled you with any remarks on that subject, had I not feared that a statement of cases in midwifery, with which I furnished Mr. Atkinson, might make an erroneous impression on the minds of your readers. I beg your permission, therefore, so far to explain that statement, as to prevent or counteract the misconstruction to which it is liable.

The misconstruction to which I refer might, perhaps, partly arise from a want of precision in the statement itself, and partly from the manner in which Dr. Kinglake has noticed it. From various passages in his last reply to Mr. Atkinson, he appears to consider it as a fair inference from the statement, and as one intended to be drawn from it, "that about *one* in *five* cases of human parturition would be *unnatural.*" I am far from entertaining such an opinion; and, I doubt not, Mr. Atkinson is equally so. If the statement of my cases be duly attended to, with such additional explanation as I am now desirous to give, it will not be found to warrant a conclusion so alarming and unfounded.

Mr. Atkinson expressly mentions, that a number of the bad cases in question "(probably not less than thirty)" were attended in consultation with other practitioners. To this circumstance no allusion has been made, though it is obvious that all such cases must be excluded from any calculation respecting the proportion of *unnatural* cases in my practice. I stated this number according to the best of my recollection; but it was given partly from memory, as a distinction is not always made, in my minutes, between the cases of my own patients and those of others. I am pretty confident it was not less; it might be more.

Again, Dr. Kinglake says, "Mr. Atkinson may call on the younger Mr. Hey to report 150 unnatural cases out of 827 labours, &c." I must here observe, that Mr. A. does not call them "*unnatural cases:*" his expression is, that "150 were such as to require manual aid, either with regard to the expulsion of the placenta or child." Now, (besides the deduction to be made of the cases attended in consultation,) in fifty-two of this number, either it was necessary to

* See London Med. and Phys. Journal for August.

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separate the placenta with the hand *in utero*, or it was thought adviseable, on account of too copious a discharge, occasioned by a partial separation of the placenta, to extract it quickly by pulling at the *funis*. If either of these circumstances happened after labours otherwise natural, I should think it improper to denominate the case *unnatural*, especially with regard to the latter kind of assistance (which was far the more frequent of the two), though it might have been greatly conducive to the welfare of the patient.

The term—unnatural case, ought to have been defined before I am charged with reporting "150 unnatural cases out of 827 labours." It would be easy to show, that cases of unnatural presentation are confounded with those requiring the aid of instruments; but I wish to avoid every thing that may not be strictly called explanation. I allude to this circumstance, in order to introduce the remark, that a small proportion of my 150 cases were of a kind to require the use of instruments. As Mr. Atkinson has not mentioned the number, it may be proper for me to state that they were thirty-three (in three of which, only one blade of the forceps was used); and I suppose that at least half of them were the patients of other practitioners with whom I attended in consultation.

It may not, perhaps, be thought too trivial to mention, that ten of the 150 were cases of twins; and, as one of the children might be born in the natural way, while the other might require manual assistance or instrumental delivery, it would seem proper to reckon each case of twins as two cases. If this were done in respect to all the twin cases of the 827 labours, it would still further diminish the proportion of bad cases.

After all, it may probably be thought, that (independently of consultations) I have met with an unusual proportion of difficult labours; and I am disposed to think that this has really been the case. So far as this is the fact, my practice will be an unfair criterion of the relative proportion of difficult and natural labours. Mr. Atkinson, indeed, has not drawn any inference from my statement respecting such proportion in general practice; and I have his authority for stating, that he intended no more than to show (what, after all reasonable allowances for peculiar circumstances) the statement does show) that cases requiring manual or instrumental aid, far exceed Dr. Kinglake's estimate.

From this brief explanation of the statement of my cases, I trust it will appear, that the conclusion drawn by Dr. Kinglake ("that about *one* in *five* cases of human parturition would be *unnatural*") is not fairly deducible from that statement.

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ment. Certainly no such conclusion was intended by me. What Dr. Kinglake means by "suspecting the accuracy of my observations," I cannot tell. The minutes of my cases were made at the time they happened, and it is almost impossible there should be any inaccuracy as to the cases of unnatural presentations,* of presentations of the placenta, of puerperal convulsions, or of hydrocephalus. If he suspects (after the explanation now given) that I have had recourse to the use of instruments before the natural powers had had a sufficient trial,—to such a suspicion I can only oppose my own declaration, that I have so great an aversion to the use of instruments, that I believe myself to be in more danger of deferring their use too long than of employing them prematurely.

Dec. 1816.

For the London Medical and Physical Journal.

Answer to an uncandid Review; by G. D. YEATS, M.D.

I REQUEST the favour of a page or two of your Journal, as the medium for a few observations addressed to the Editor of the Critical Review published in October last.—The ingenious Editor has been good enough to take the trouble to notice my pamphlet on Water in the Brain; but, in so doing, has attached to me an opinion which I certainly do not entertain, and which I do not find (by a reference to the quoted paragraph from the pamphlet) the expressions entirely warrant. It is this—After having insisted, with much earnestness, on the indispensable necessity of attending, with minute care, to the earliest symptoms, which too frequently terminate in hydrocephalus, I have added,—"the necessity of such watchful attention is more indispensable in a curative point of view, on the subject of the present letter, in as much as, with all other diseases in which our art is at all available, a cure may be effected in almost any of the subsequent stages." The inference which the learned critic has drawn, does not appear to me to be quite logical, and certainly is very foreign from my intention to draw, viz. that the *vis medicatrix naturæ* was not of great importance in other

* One exception may be made to this assertion, viz. that the distinction is not always clearly made, in my minutes, between cases of foot presentation and those in which it was judged right to deliver by the feet, before the presenting part was manifest, as might appear in some of the twin cases.

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diseases. The correct inference is, that I think it of more importance in this than in most other diseases. I cannot avoid being of the same opinion still. The maxim *venienti occurrite morbo* is in every tyro's mouth, and should not be expunged from the recollection, nor excluded from the practice of the experienced physician. Experience, indeed, will teach him how very difficult it is to break the links of diseased actions, when the chain has been fully formed and continued in activity by habit, or has terminated in disorganized structure.

In hydrencephalus, the derangement in the functions of the digestive organs continues more or less long in different patients, previous to the affection of the brain: in some, the translation of the morbid action to the brain is so rapid that the child has slipped into a fatal disease before its friends are aware of the approach. With such a fact before me, and which I have many times witnessed, I do not think I could too impressively fix upon the minds of parents a steady attention to the very first deviations from health in their infant offspring. I therefore submit it to the ingenious Editor whether I was not justified in making the observations I did, as quoted above in the inverted commas.

I beg the Editor will receive these observations as explanatory of my meaning, and that it is likely, from the face of the expressions, I might afford an opportunity for just criticism, from the consideration that my attention has been fixed in watching the symptoms of this disease for many years. I have read, with much interest and satisfaction, more particularly the concluding part of the criticism. I consider it a matter of very considerable importance, which ought never to be lost sight of in practice, that local inflammation will not always be destroyed by general bleeding, however largely or often repeated; and even sometimes the local action is such as to baffle the effects of local depletion, however judiciously employed. I use the words *local action* as the terms usually resorted to, without wishing to enter into any theoretical discussion whether local inflammation arise from activity or torpor, although I incline to the opinion that activity of vessels is the cause. I take this opportunity of mentioning, that, in cases of local inflammation, of whatever part, where both local and general bleeding shall have failed to reduce the disease, the action still going on to wear out the patient, and further depletion becomes doubtful, if not dangerous, to the debilitated patient, I have, for many years, adopted a mode of practice which has carried with it a marked success. This is not the place for entering upon the subject, which may probably be the em-

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ployment of some future day. I may, however, add, that the subject has been mentioned with some very ingenious and excellent remarks and cases, by Dr. W. Robertson, of Berwick, in the London Med. and Phys. Journal for November 1814, and in some subsequent Numbers, which occasioned a short and, to me, instructive correspondence between that gentleman and myself. On the same subject, too, I had the pleasure of a correspondence with Dr. Bardsley, of Manchester, and Dr. Haygarth, of Bath, in the years 1806, 7, and 10.*

The more general observations in the criticism, on the effects produced generally by digestive irritation, cannot fail to arrest the attention of those whose experience, from the accumulation of practical facts, has induced them to reflect on the subject. With respect to what is stated on the production of apoplexy, and various anomalous but greatly distressing affections of the encephalon, I have made some observations, in answer to criticisms on my pamphlet by the Eclectic Reviewer. "The connection between the diseases of the brain and a derangement of the functions of the abdominal viscera, is as conspicuous in the advanced periods of life as in our infant years. In the latter we have hydrencephalus, either rapidly hurrying the little sufferer into a premature grave, or approaching in a lingering form, with a gradually enlarging head; in the former, apoplexy of the sanguineous kind either instantly surprises the patient at the moment of apparent high health, or slowly advances in the serous kind with lethargy and carus."† The Editor of the Critical Review will there see what experience has taught me of the effects, more generally, of digestive irritation. I could here add, if time and space allowed, cases illustrative of the admirable doctrines inculcated by Mr. Abernethy, whom, as Dr. Wilson Philip justly observes, in a very excellent paper recently published, I unexpectedly met on the road of enquiry from general to local disease.‡

King-street, St. James's-square;
December 12, 1816.

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* Dr. Yeats will be much obliged for the information, from the Editor of the Critical Review, where he can procure the Theses of Drs. Sanders and Seeds, alluded to in the criticism, as they are not published for sale.

† In the Lond. Med. and Phys. Journal published last February.

‡ Some Observations on a Species of Pulmonary Consumption.—Medico-Chirurg. Transact. vol. vii. part 2d, page 499.

For

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For the London Medical and Physical Journal.

On the frequency of Consumption in the Island of Malta; by Dr. THOMAS SUTTON.

I HAVE been favoured by Sir James M'Grigor with two returns of the relative mortality among the troops in Malta and Jamaica; and hope soon, through the same channel, to be favoured with more such documents from other parts of the world. It may be recollected by most of your readers, as have interested themselves on the subject of the discussions on Consumption which have appeared lately in the Medical and Physical Journal, that Malta has been mentioned as a climate in which consumption appears rarely. I, however, did not assent to this from the circumstance of the disease having been observed to be common in Sicily. The return alluded to is positive evidence on the subject, and shows the mortality by consumption in Malta to be great. The total deaths among the troops there, including one year to last November, was 51, of which 10 died by pulmonary consumption.

From the return of mortality in Jamaica, it appears, that, in the year 1813, the total number of deaths among the troops was 370, of which 33 died by consumption. In 1814, the total number of deaths was 314, of which 38 died by consumption, making the ratio of deaths by consumption to the general amount as less than one in ten, which, taken in the relative way, cannot warrant the conclusion that it is an unfrequent disease, as has been stated in the Medical and Physical Journal. But, on taking another view of the subject, we shall find this last account of deaths by consumption to exceed the relative number of deaths in Malta by the same disease. The number of troops in Jamaica, from which this account of mortality is taken, never exceeded 4200 in the year 1813. The troops in Malta, during a similar period also, never were one-fifth less than those in Jamaica. Stating, therefore, the mortality by consumption in Malta to be, during this period, twelve, under the supposition—had the troops in Malta been equal to those in Jamaica, that such would have been the ratio of consumption in the former place. Then the ratio of mortality by consumption, for the same number of troops, would be as 12 in Malta to 33 in Jamaica; that is, almost one-third more, bringing the ratio of consumption in Jamaica very high indeed. The ratio of mortality in Jamaica to that in Malta, among the troops, is as 6 to 1, or nearly.

Croom's Hill, Greenwich; Jan. 17, 1816.

We must apologise to Dr. Sutton for our inattention to the above, which

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which we received according to the date. It was, by some accident, mislaid, and only discovered by accident amongst some other papers.—EDIT.

For the London Medical and Physical Journal.

On Bleeding in Severe Injuries; by R. N. STARR, Member of the Royal College of Surgeons, London.

THE statement of the two following cases may, perhaps, appear unnecessary, after what has already been said on the treatment of injuries in general. Yet frequent observation of the success which attends the free use of the lancet in extensive accidents, has induced me to forward the inclosed for the use of the London Medical and Physical Journal.

CASE I.—Jas. Thorp, ætat. 12, on the afternoon of the 10th of Sept. last, received a severe wound on the anterior part of the thorax on the left side, between the third and fourth ribs, by the passing of an iron hook, which was attached to the shaft of a cart. Upon examining the patient, I found a laceration of about three inches, with a severe contusion of the part; and a portion of the left lung protruding through the wound. I passed my finger within the opening, to ascertain whether any ribs were fractured; fortunately, they were uninjured. Having brought the edges of the wound together, secured them by four sutures, and afterwards dressed it in the usual manner, I immediately bled my patient to the extent of twelve ounces, and directed a saline cathartic to be given every hour till evacuations were procured. On seeing him in the evening, I found the medicines had induced vomiting, they were consequently discontinued, and enemas substituted every hour until stools were procured. On the following morning, September 11th, he appeared easy; no fever; his bowels had been acted upon; he was ordered to live principally upon milk and water, and that taken cold, with a little jelly occasionally. At noon, finding him restless; pulse hurried; tongue white, with difficulty of breathing; I again employed bleeding. Syncope supervening after taking eight ounces, I desisted; the enemas were repeated, and particular directions given to keep him as quiet and cool as possible. On inquiry in the evening, I found he had been much easier for three hours after the last bleeding, but latterly had become more restless, and complained of a considerable tightness across his chest, attended with difficult breathing. I again had recourse to the lancet, and took eight ounces more blood, which materially relieved him; the

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injections were repeated. On seeing him the following morning, September 12th, I found he had rested a portion of the preceding night; but, the symptoms threatening pneumonia, I bled him again to the quantity of eight ounces; enemas were repeated, and particular orders given that his diet should be continued as before. I found him, at the evening visit, much calmer than I had ever seen him before. The following morning, September 13th, he again complained of tightness across the chest. Conjecturing it might originate from the dressings, they were removed, and fresh ones applied; little or no discharge followed; he had had no rigors, yet still there was considerable heat of skin; depletion was again employed, and the same quantity taken as before, which alleviated the tightness of his breast. In the evening, he continued easier. September 14th, symptoms better in every respect; breathing more free. September 15th, no febrile symptoms present; on dressing the wound, I find it open from sloughing of its edges, and have merely dressed it with dry lint, which is retained by straps of adhesive plaster. The bark was given in doses of ʒfs. ter. in die. September 16th, no bad symptoms, but a discharge of a serous-like fluid, which passes out of the wound in considerable quantity. Contin. Cinchon. ut antea. He was ordered a more nourishing diet. September 17th,—the appearance of the wound larger from much sloughing of the pleura; his general health, however, appears good. Cont. Cinchon. cū addit. gr. x. singul. dosib. Without adverting to the minutiæ of the case, I have only to observe, that the latter treatment was pursued for a period of two months before the cavity was completely granulated. I have to remark the slow manner in which the process of granulating takes place in membranous parts; I have frequently observed it, and such was the case in this instance.

Case II.—James Robinson, labourer, ætat. 40, while employed in the coal-pits on the morning of the 18th of November last, received a severe contusion from the falling of a large portion of coal, which struck him on the superior dorsal vertebra. I saw him immediately after the accident, and found him labouring under the most distressing dyspnœa, which almost amounted to suffocation; the pulse seemed labouring, and, from his appearance, I fully believed he would not survive long, suspecting that internal hæmorrhage had taken place, although he had not expectorated much blood. From the good effects of copious depletion in the preceding case, I directly extracted thirty-two ounces of blood, and directed some cathartic bolusses to be given every hour, with a view of opening the bowels. I saw him again

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again at noon, and found he had breathed much better for two hours after the bleeding, but he fancied the symptoms increasing within the last hour; I again bled him to the extent of twenty-four ounces, which produced instant relief; the medicines had operated freely; he was advised to be kept cool and quiet. In the evening, the distressing symptoms had returned, which were again relieved by venesection; the quantity of ℥xvj. being taken. The following morning, Nov. 19th, he appeared easier, yet his breathing seemed hurried; pulse quick; tongue dry; skin hot. The operation was again performed, and with equal advantage in relieving his breathing. At noon, he continued easier; pulse softer, with less heat of skin. When I saw him in the evening, the symptoms continued better, and the only complaint was a troublesome cough, which had existed some time previous to the accident. For this, he was ordered the following ℞. Carb. Ammon. ℈ij. Aquæ Ammon. Acetat. Font āā ℥iiiss. Tr. Camph. Comp. ℥i. m. Cap. ℥i. 2 da quaq. hor. I have only to mention, that the termination of this case was equally favourable with that of the preceding, which I attribute, in a great measure, to the early and free use of the lancet, a remedy which, when used in the first instance, I have generally found of singular service in these cases; it should be used freely, where it is admissible; for, if employed only partially, or locally, a kind of re-action takes place, which is succeeded by an irritable state of the system, that speedily destroys the patient, or the secondary symptoms of inflammation follow; which latter, if it does not terminate in death, at best protracts the patient's recovery to a long period.

Barnsley; December 11, 1816.

For the London Medical and Physical Journal.

Remarks on Dr. Parry's Paper; by GEORGE KERR, Esq.

I AM much obliged to Dr. Parry for his correction of my statement concerning the descending aorta of the dog, tied by Mr. Astley Cooper, as described in the Medico-Chirurgical Transactions, Vol. II. I have again carefully examined the engraving and references, and, although the shoots from above are neither said nor indeed appear to enter directly into the part of the vessel below the ligature, it is, in my opinion, impossible that the bifurcation marked *e* and *g*, could have been in existence when the ligature was applied. If we suppose arteries given off above the ligature anastomosing with those below, how do we dispose of the conflicting currents?—How can we account for the exact co-apta-

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tion of the extremities of the vessels? I may be told, that there are no conflicting currents—that the lower part of the vessel is deprived of pulsation by the ligature; but, Harvey asserts, that collateral branches immediately, or very speedily, supply the functions of the vessel interrupted; and, if pulsation be restored in the main trunk, part of it remaining obliterated, the difficulty in accounting for the circulation by anastomozing branches remains, as far as I can see, in full force.

I have now seen Dr. Parry's very interesting work on the arterial pulse, in which he gives a beautiful delineation of the appearances on dissection of the left carotid of a ram, tied on the 27th of September, 1815, (I suppose 1814,) and the animal killed on the 7th of August following. The trunk of the vessel appears quite obliterated, and fine new arterial shoots appear connecting the parts of the vessel on each side of the obliteration. In reference to the plate ii. fig. 2, Dr. Parry says, pp. 160, 161—"This is merely an enlarged and somewhat different outline view of the *newly-generated* vessels, &c." "To this conclusion, as to the *new creation of vessels* in the case before us, objections have been raised with an ardour which has certainly reached the utmost limits of philosophical candour. Thus it has been argued: first, that these communicating branches must have previously existed, although they were not noticed. This is an objection that could be only made by those who are unacquainted with the structure and relations of the carotid arteries in sheep." He explains how easily these may be separated from their connections, and adds, "under these circumstances, it would be absurd to suppose, that a plexus of vessels could ever be mistaken for a single trunk; or that these vessels, projecting as they do all around from the main line of the artery, could have been separated from the surrounding parts without being wounded by the knife. But it is said, they were too small to discharge blood, and only became enlarged, when their enlargement was rendered necessary by a ligature." In what mode, however, a ligature could be applied to a round large vessel included within a plexus of collateral arteries, without that plexus being either cut or seen, it is for those to explain or conceive who make the objection."

To me it appears, that Dr. Parry proves to full demonstration the production of new vessels passing over the part of the main trunk obliterated and again connecting themselves with it; and I still think, that, when Mr. Astley Cooper tied the aorta of the dog already mentioned, no such vessels could have been in existence as the engraving represents.

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sents.* I am glad to find, that what appears a great difficulty to me, viz. how the animal can exist for the first days, or even hours, after the operation, appears also a difficulty to Dr. Parry, who is so well qualified, and possesses such opportunities, of ascertaining the truth by experiments. I confess that the fact appears absolutely irreconcileable with our received notions of the circulation of the blood, for the reasons assigned in my first letter; and, I look upon Dr. Parry's work alluded to as most important, because it must lead to further investigation.

I do not collect, from Dr. Parry's experiments, that he attended particularly to the size of the vertebral arteries in cases where the carotids have been obliterated; and, I think it is of some importance to suggest this, because large arteries have been tied in situations where it appears to me altogether impossible that collateral vessels can perform, even after a lapse of time, the office of the vessel obliterated.

The notion of Scarpa and others, that arterial branches performing a supposed vicarious duty, become tortuous from rapidity of motion, seems altogether unphilosophical. Rapidity of motion ever tends to the rectilinear, and, I observe, Dr. Parry illustrates this by reference to an experiment, p. 131. A warm injection thrown into the dead subject will necessarily occasion twisting, or contortion; but that, I presume, proceeds from the partial application of heat, as many substances turn and twist when thrown upon the fire. Let us hope that Dr. Parry will prosecute his experiments, for, I am well assured, that he will follow the truth wherever it may lead him, even if it should induce him to question the infallibility of Harvey.

Aberdeen; Nov. 17, 1816.

For the London Medical and Physical Journal.

On Tinea Capitis; by L. G.

IT is said by a celebrated teacher in one of our schools of surgery, that there is no sure remedy for tinea capitis. —This saying is probably true; at the same time, a certain

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* The vessels given off at the part of the artery tied by Mr. Cooper, go off at nearly right angles, as small branches proceeding from large vessels generally do. The view given represents two large branches passing off at very acute angles, and coming in close contact with the aorta immediately below the ligature.

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degree of benefit may, perhaps, be reasonably expected from all the means in common use. It is my present object to add to the list of these means, premising that none of those who may read this account can be more sceptical as to the success of the remedy, upon a further trial, than I am myself; knowing, as I do, that the best medical experience furnishes an evidence so imperfect, that we are more or less deceived by it every day of our lives.

I was induced to employ turpentine, between two and three years since, in an inveterate case of tinea capitis; not because half the world are turpentine-mad, for, among all my vices, I am not celebrated as a copyist; but, from a theory, or perhaps half a dozen theories, of my own, trumpery ones most likely, and therefore not worth mentioning. The disease got well under the use of turpentine, in less than three weeks. Since that time, I have employed it in eight or ten cases, and in all with the same success; that is, the disease has got well in two, three, or four weeks.—So much for the grounds of its recommendation. The plan adopted in the use of it is as follows:—A liniment to be composed of Sp. Terebinth. ʒi. Ol. Oliv. ʒij. The scalp (kept regularly shaved) is to be well washed every morning with soft soap and hot water; it is then to be wiped dry, and the liniment to be rubbed from five to ten minutes, upon all the places affected by the disease. On the following morning, the ablution, and then the friction, &c. are to be repeated. A clean cap should be put on every day. After the liniment has been used a few days, a degree of inflammation is excited, which is sometimes considerable, perhaps accompanied with erythema, the scrabs separate, &c. The plan is to be persevered in, and the inflammation kept up until the disease ceases. I have also, in conjunction with the above plan, given a powder with calomel and jalap, perhaps four doses in the course of a fortnight. In one case of near two years standing, the inflammation of the scalp was very violent, extending behind the ear down the neck, in which latter part a gland suppurated, burst, and soon got well. Whether this was the effect of the turpentine, I cannot say, but I have met with it in no other instance. The disease, in this case, extended nearly over the whole scalp, and it was well in about a fortnight from the commencement of the above plan. I have three children now under my care, with whom the same treatment is adopted, and apparently with the same benefit. The strength of the liniment may be varied, and its use either suspended, or its repetition may be more frequent, according to its visible effects, and the discretion of the practitioner. My theory requires that a certain

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a certain degree of inflammation should be unremittingly maintained; this may be necessary, and yet the theory may be false, as theories are apt to be.

My object in troubling you with this communication is, that the merit of the means suggested may be ascertained: to do this satisfactorily, will require a more ample experience than falls to the lot of an individual. I am diffident of anticipating future from past success; eight or ten chronic disorders of the head have ceased under the use of purgatives; I have, in consequence, felt a confidence in such means; the same treatment has, however, failed in perhaps the next five cases, which were, in their symptoms, similar to those in which it appeared to succeed. The history of medicine furnishes many examples of an astonishing success of remedies in the hands of their projectors: with others they have failed in the very first cases, and their credit has never been restored. Fortune makes our sagacity her sport: and, as if our little faculties were not of themselves sufficiently prone to error, maliciously arranges her coincidences: she abuses us even on the strong ground of experience, and, by a long train of similar circumstances, deludes us into the gross error of mistaking accidental for regular phenomena.

December 5, 1816.

For the London Medical and Physical Journal.

On the Minim Measure; by Mr. Henry Ward.

MR. WALKER was pleased, in the last volume of your Journal, to make a reply to a communication of mine, which was inserted in the Number for November. He there confesses the very material difference existing between the minim and the drop; at the same time aims at a method to guard the practitioner against those errors which, in this instance, is likely to take place; which, although, in that gentleman, is very laudable, yet, I am sorry to say, it is far from being correct. He says, "that two drops of any tincture or spirituous liquid, ordinarily speaking, is equal to one minim." His observation, that the minim is the sixtieth part of a drachm, is undoubtedly right. But is this sufficient to prevent those mischiefs which are likely to accrue from the use of the measure in question? And, by a reference to my Table, inserted in No. 213 of your Journal, you will find Mr. Walker's idea, respecting two drops being equal

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equal to one minim, totally incorrect; for in some places it considerably exceeds, and in others falls short, of the numbers there specified.

Sloane-street; Dec. 1816.

For the London Medical and Physical Journal.

Facts and Observations on Diabetes; by Mr. C. W. SMERDON.

THE Editors of a periodical publication have been pleased to copy into their publication the Case of Diabetes Mellitus which was inserted in a former Number of this Journal; and they have also thought proper to express their disapprobation of the treatment, by sagely remarking that it was quite sufficient to kill a horse. I will leave it, however, to the candour of your medical readers to decide, what part of my treatment of that case is deserving of such a sweeping conclusion. Wilson, during the progress of the disease, had been under a variety of medical men; and, no doubt, most of the known remedies had been resorted to for his cure. When I first saw him, the diabetic symptoms were mitigated by opium; but, still, it was very evident that no other benefit could be expected from this remedy than what was already obtained, and that the poor man must, at no distant period, die of the disease, unless its progress was arrested by some other more powerful means. Under all these circumstances, I think, myself perfectly justified in having recourse to a remedy which, in a number of instances, has been attended by the happiest results; and surely, having determined on the course to be pursued, it was a paramount duty, which I owed to my patient and to myself, to follow it with all the energy which the desperate nature of the case required.

But I had a still more powerful reason for trying blood-letting in this case. A gentleman, convalescent of the same disease, whose recovery was almost considered miraculous by his friends, was anxious that the same means should be tried on Wilson which had been of so much benefit to himself. This gentleman's case, although principally drawn up from his own statement, is not, I presume, devoid of interest: I have therefore sent it for insertion.

I cannot think that the present state of our knowledge warrants the conclusion that there are certain varieties of Diabetes Mellitus which are unfavourable for the bleeding plan, provided the morbid actions which constitute the disease be not altered, or rendered permanent, either by long continuance

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continuance or the remedies employed. If the question were asked, What circumstance occasioned the failure in Wilson's case, I would answer, principally the animal diet. This powerful remedy restrains the disease merely by the abstraction of that part of the food which the stomach, in diabetes, changes into saccharine matter; and, so long as the diseased actions remain repressed, so long will the remedy be effectual. This was precisely what happened in Wilson's case. He persevered in the animal diet, and remained tolerably well for some time; but at length the diseased actions became so strong, that, like a torrent, they bore down all opposition, and the stomach received the power of converting animal, as well as vegetable, food into sugar. Hence the inference, that, where the animal diet represses the disease for a time, but fails of giving permanent relief, the morbid actions go on in an insidious manner, until the remedy completely loses its effect, and the strength or altered state of the disease is shewn by the conversion of animal food into saccharine matter—a phenomenon with which chemistry is, I presume, wholly unacquainted. The impression on my mind therefore is, that, had Wilson conjoined, *in the first instance*, the bleeding plan with the animal diet, the most salutary effect might have been confidently expected. It is also reasonable to infer, that, as the animal diet is an unnatural one, so it must, when persevered in for some time, cause some considerable alteration or derangement in the constitution. This, I think, will, in some measure, be illustrated by the case which I shall presently relate.

One peculiarity in Wilson's case, which deserves attention, was, the apparently healthy state of his blood; whereas, in every instance, which I have heard or read of, where the remedy has proved beneficial, the blood drawn has exhibited the most unnatural* appearance.

Case

* This state of the blood, and the remarkably good effects which has resulted from blood-letting, have given rise to the opinion that diabetes is an inflammatory disease; but, besides the improbability that an inflammation of any internal organ should go on for a series of years without destroying it, particularly if the organ diseased be the kidney, nothing can be more dissimilar than inflamed blood, and that peculiar to diabetes. In inflammation, the crassamentum of the first-drawn blood is powerfully contracted, and, by the subsidence of the red particles, exhibits the true buffy character. After two or three evacuations of this kind, the inflammation, in the plurality of favourable cases, is subdued; and now,

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Case of Diabetes Mellitus.—Mr. W., an opulent manufacturer near Dublin, came here, in the summer of last year, for change of air. About twelve months previous to this, he became the subject of a severe cold, which was accompanied by unusual and rather alarming symptoms: these were, frequent acute pains about the chest and epigastrium, unpleasant dryness of the fauces, which occasioned a hoarse sound of the voice, furred tongue, great thirst, hot dry skin, confusion of idea, pain in the loins, and anasarcous swellings of the feet and legs. His urine was also increased (as was afterwards ascertained) to twelve or fourteen pints a-day; but this, in consequence of the quantity of liquid ingesta, was taken no notice of. The disease was treated as an incipient phthisis. He was desired to drink plentifully of acidulated diluents, to use frequently the warm bath, and to restrict himself to a vegetable diet.* This plan of treatment only served to increase the diabetic symptoms. The dropsical effusion of his legs became increased to an alarming degree; and, notwithstanding his appetite was voracious, he decreased rapidly in strength and flesh. The warm bath, however, produced a very salutary change on the skin, which, from being dry and scaly, became soft and perspirable, and he frequently sweated copiously whilst in the bath. Matters having gone on in this way for some months without any prospect of amendment, he was ordered into the country,

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if venæsection be persisted in, the blood will be found attenuated, the crassamentum large, rotten (if I may so express it), convex on its surface, and partly mixed with the serum. The reverse of these states of the blood is what commonly takes place in diabetes; for here the inflammatory character does not shew itself until after three or four bleedings, whilst the first blood that is drawn is extremely attenuated, and apparently an homogeneous mass: hence the probability that the inflammatory appearance of the blood is rather the effect of the remedy, and the curative process, than of the original disease.

* Hence we learn the necessity of examining the excreta in cases where the symptoms, taken collectively, do not wholly correspond with the usual symptoms of the disease to which we are led at first to apply them.

Mr. W. was attended by the most eminent physician in Dublin; and it is but reasonable to infer, that others, equally skilful, might be deceived in a similar case, when under similar circumstances. The symptoms of diabetes, when attended by pains of the chest and swelled legs, correspond so much with those of other diseases in which there is hectic, that, unless the quantity or the quality of urine attract the attention of the medical man, it is ten to one but that he will be led into a serious error.

where

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where (principally by an examination of the urine, which was found to have all the diagnostic marks of diabetes mellitus) the disease was clearly defined. He was immediately put upon the animal diet, was bled copiously five times within as many weeks, and took small doses of opium, which, by a progressive increase, soon amounted to nine grains a-day. Under this plan of treatment he rapidly recovered: his urine became natural in quantity, and lost its sweetness; and he was heavier, by several pounds, at the conclusion of this treatment, than he was at the commencement of it. With the view of more quickly re-establishing his health and strength, he left Ireland for this country, and arrived at Clifton a few weeks afterwards, tolerably well, having strictly persevered in the animal diet and opium.

He had not been long here before he felt the disease creeping on him again. This was evinced by wandering acute pains about the region of the stomach and breast, which principally attacked him when asleep; by slight exacerbation of fever at night, a foul tongue, feeble quick pulse, and lassitude. His urine was not increased in quantity, but was heavy, of the colour of porter, and highly impregnated with saline matter. Three pints produced, on evaporation, four ounces and half of tenaceous matter, having the colour and consistency of thick treacle. Its smell was strongly urinous, taste not in the least sweet, but bitter,* and very salt. The slightest deviation from the animal diet was sufficient to produce a considerable change in the properties of the urine: if he ate bread for supper, along with an egg or mutton chop, an increased quantity of sweet straw-coloured urine,

* This bitter taste of the urine I detected also in Wilson's case, and found it only to exist when the saccharine principle of the urine was considerably decreased. Hence I drew the inference, that the bitter principle was present only when the saccharine was withdrawn, or nearly so.

I believe this morbid change of urine has not been before noticed. I am, therefore, unable to determine, if it be a common appearance and peculiar to the saccharine diabetes, or if it may be detected in the urine of other diseases. Of its nature, also, nothing can be determined upon. Proust has detected a resin in urine, which he considers the same as the resin of bile, and to which, according to him, the urine owes its colour. Wilson's was some shades darker when it contained the bitter principle than when it was sweet; and Mr. W.'s was nearly the colour of porter. If we could get over the difficulty of bile being conveyed to the kidneys or urinary bladder, and thus becoming mingled with the urine, the bitterness in question might readily be accounted for.

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for that night, would be the consequence. All these symptoms went on increasing, until Nature set about relieving herself, by inducing copious discharges of perspiration nightly. These were preceded by general pyrexia, confusion of ideas, a quick bounding pulse, and restlessness. Towards morning, the febrile paroxysms went off, and left him, for the greater part of the day, cold and languid, with a feeble quick pulse above 100 in the minute.* At his own request, he was bled to sixteen ounces, which afforded him most decided relief. He lost the fever and night-perspirations, as well as the pains of the breast, &c.; his urine became more healthy than it had been for some time: and he considered himself as well as at any period subsequent to his first attack. Matters, however, did not long remain in this favourable state; and, at the end of a week, finding a slight return of his former symptoms, he was again bled, and with the same happy result of restoring him to a comparative state of health. Business prevented him from remaining longer at this place; but, after a lapse of six months, I was favoured with a letter from him, wherein, after complaining bitterly of the vacillating opinions of the faculty, he says, "I was bled three times after I left Clifton, and received benefit from each operation;—the crassamentum, likewise, became progressively firmer. You will wonder why I abandoned a practice from which I have twice received such considerable relief. In truth, the profession alone were to blame. They were afraid that my constitution would sink under such repeated evacuations."—After this, he consulted Dr. Bailey, who recommended him to take magnesia and laudanum daily, and iceland moss; and cheered him with the hope that the disease would give way to this treatment in the course of a few months. Experience has proved the fallacy of this. He returned to Dublin soon afterwards, where the disease became so violent, that a consultation was deemed necessary, in which it was determined to follow up Dr. Watt's plan to its fullest extent.

Clifton, Bristol;
Oct. 15, 1816.

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* It is, I think, very evident that these anomalous symptoms were more the consequences of the animal diet than of the original disease. Indeed, it was this impression on the mind of Mr. W. which induced him to take bread with his usual food. He made trial of this change but once; for the effect (which has been noted) was, in his opinion, so decidedly in favour of the animal diet, that no argument could induce him to repeat it.

For

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For the London Medical and Physical Journal.

Specimen of a well-regulated Mad-house; by a MEDICAL OBSERVER.*

THE Legislature having commenced an enquiry respecting the state of the several provincial Lunatic Asylums, and having determined, that, by virtue of the bill now before Parliament, they shall, in future, be under the superintendance of government, and subject to certain regulations, agreeable to such Act of Parliament,—I think it but justice to say, that, when such enquiry shall be instituted, few Lunatic Asylums will be found more worthy the notice and patronage of the public, than the Asylum which has been long established at Droitwich, near Worcester.

Happening, some weeks past, to be at Droitwich, I was, by mere accident, induced to go with Mr. Ricketts through his well-arranged and extensive buildings. The good order and regularity which pervaded this asylum for unfortunate individuals labouring under one of the most deplorable maladies to which human nature is liable, made a forcible impression on my mind, and, at the same time, induced me to give this brief statement some degree of publicity, through the medium of your widely-extending Journal.

From a hasty conversation I had with Mr. Ricketts, I was much gratified to find, that, in many cases of incipient mania, he had, by his humane and skilful management, effected the most perfect and permanent recoveries. It was pleasing to remark the attachment and respect shewn by many of the unfortunate patients to Mr. Ricketts, as we passed through the different apartments of this asylum; as well as to observe the extreme cleanliness, warmth, and comfort they were enjoying, the rooms being, for the most part, heated by stoves, and frequently white-washed.—That portion of the building which is allotted to paupers is also in the most complete state of cleanliness and convenience,—far different from the wretched dwellings from which many of them had been taken, and which have been so justly described by the inimitable pen of Mr. Crabbe, in his poem of "the Parish Work-house," viz.

> "Here, on a matted flock, with dust o'erspread,
> The drooping wretch reclines his languid head,

* Though this article appears anonymous, the writer has favoured us with his name, without which the paper would not have been inserted. We think it right to add, that, in a number of visits we have made to Bethlem, when under the care of different officers, we never saw this mixture of the two sexes; and strongly suspect our correspondent's zeal has been greater than his memory.—EDIT.

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Dejected widows with unheeded tears,
And crippled age, with more than childhood fears;
The lame, the blind, and far the happiest they,
The moping idiot and the madman gay."

The cells, in which are placed such maniacs as require close confinement, are remarkably well ventilated, and are so contrived as to admit a stream of water to be passed through them, whenever it is deemed necessary.

Amongst the upper order of lunatics, whose cases do not require strict confinement, a very proper regard is paid to their former rank and habits of life; and every kind indulgence is allowed and provided, that is not esteemed incompatible with the medical treatment of the particular species of mania under which they labour.

It is now upwards of twenty-five years since I accompanied the late Mr. John Hunter to Bethlem Hospital, and where I could not help being struck with astonishment at the heterogeneous mixture of maniacs which, at that time, presented themselves in this immense building, where, except such as were in a state of raving madness, men and women were allowed to be together in a promiscuous manner, walking about apparently without any person to superintend them; some who appeared to be in a state of confirmed mania, and others in more incipient states of derangement. It is presumed "they manage these things better" in the present period of investigation and improvement. The contrast, however, by recollection, appeared singularly striking, when compared with the Asylum of Mr. Ricketts, where the inmates were so judiciously classed, and so regularly attended to in every respect.

I have withheld my name from this brief statement of facts, lest I might be supposed to be induced by some sinister or partial motive, by which I should assuredly not be influenced on so important a subject, having merely given this account in testimony of the scene I casually witnessed, and in the hope that the good order and discipline of this Asylum may be more generally known.

Dec. 17, 1816.

For the London Medical and Physical Journal.

On making Experiments on Living Animals; by E. H.

IN No. 211 of your Journal, I offered a few suggestions on the impropriety of making wanton and unnecessary experiments on living animals. In the Journal for December 1816, p. 457, a correspondent has stepped forward on the other side the question, and censures your having agitated it at

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at all. The subject which has called forth your animadversions is not of a trifling and uninteresting nature, but involves in it considerations of the first importance to the cause of humanity. The candid expression of your disapprobation is said to have excited a smile at your expence; but your sentiments will not be so easily controverted; and, whatever impression they may make on those who have a predilection for the custom, your conduct in this instance has certainly been influenced by a spirit far more philosophical than that which has directed the majority of the experiments on animals. If you had the merit of leading the way, you are by no means singular in your opinion, as two respectable recent publications* amply testify, in which, much to the credit of their respective authors, the practice is decidedly deprecated.

Notwithstanding the subject has been "so often introduced," as it possesses considerable interest, and as it has not yet received that ample investigation which might supersede the necessity of further discussion, I must beg leave to lay before your readers a few additional remarks.

In taking a view of the manner in which this practice can tend to benefit medical science, it must either be, first, in ascertaining the qualities and effects of remedies; or, secondly, in improving the practice and principles of surgery; or, thirdly, in the extension of physiological knowledge.

With respect to the first object, it will be evident, at first sight, that medicine can derive little aid from this source. The only department where it is applicable is, in discovering the effects of, and the antidote for, the different classes of poisons; and of its use here, the indefatigable Orfila has sufficiently availed himself. His laborious and persevering exertions have certainly placed him at the head of the writers on Toxicology; but the judgment of one of his critics† is not too severe, when he observes, that the information to be derived from the results of his experiments is not equal to the sufferings inflicted on the unfortunate animals that were the subjects of them. In surgery, a few facts have been discovered illustrative of the powers of nature in overcoming injuries in some of the most important parts of the system, such as the arteries, intestines, &c. But which of the operations on the human body has received any improvement from, or in what disease has a more judicious plan of treatment been suggested by these multifarious ex-

* Vide Carson's Inquiry into the Causes of the Motion of the Blood; and Male's Epitome of Forensic Medicine.

† The Reviewer in the Annals of Medicine and Surgery.

periments?

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periments? Physiology has undoubtedly been more indebted to this method of investigation than any other branch of medicine, and has been enriched by discoveries that would not have been brought to light by any other means. We are hence made acquainted with the phenomena of the nervous system, of the generation of animal heat, and of the process of digestion; the explanation and elucidation of which has formed a splendid æra in medical literature.

To the remark, that "it is possible to be humane without sacrificing the interests of science," we cordially acquiesce. This is the position we endeavour to maintain; we are not insensible to the attractions of science, or indifferent to its advancement. It is not the use, but the abuse of it, that is to be condemned. It is not wished to prohibit any experiments tending to practical utility; and, surely, Amicus will admit, that the dictates of humanity are to be preferred to the gratification of an unprofitable curiosity. Man is emphatically termed the Lord of the Creation, and, while he ought to feel grateful for his elevation over all other animals, he can claim no authority for causing them unnecessary anguish. Let those, therefore, who are disposed to sanction such proceedings reflect on the probable result of their pursuits; and not imagine that they are labouring in the cause of science, when they are amusing themselves with hypothetical and useless speculations, or merely incited by the vanity of recording them.

On the Minim Measure.

The paper by Mr. Ward, in your Journal for November, excited my surprise, and undoubtedly that of many other of your readers. If Mr. W. would take the trouble of consulting the Pharmacopœia, he will perceive, that the reasons he urges against the use of the minim measure, are the same that induced the College of Physicians judiciously to adopt it: viz. the variation and uncertainty of drops. The different quantity of the various pharmaceutical preparations contained in the same number of drops, is well known to every one at all conversant with the dispensing of medicine. Should any prescribe the minim to be used with the notion of its being intended as a synonyme for drop, their error is referrable to their own carelessness and ignorance, and not to a defect in the principle of the measure. Besides the reference arising from the nature of the article, the quantity will be influenced by other circumstances, as the size of the bottle, the quantity contained in it, and the formation of its lip. It is also to be feared, that the same nicety and exactness is not always manifested in compounding, that

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Mr. W. would exercise in making his critical experiments. From this uncertainty in the dose, arising from the custom of dropping medicines, the minim measure has been hailed by many, with great satisfaction, as a valuable acquisition to the pharmaceutist. The assertion, that it can be only considered as an addition to the number of the apothecary's utensils, is the more extraordinary coming from the pen of so intelligent a practitioner as Mr. Ward.

Bishopsgate-street; Dec. 26, 1816.

For the London Medical and Physical Journal.

Inquiry concerning the Choice of Medical Books; by A YOUNG BUT CONSTANT READER.

THE persuasion that you are not only willing but desirous of affording every assistance to the improvement of the junior members of the profession, emboldens me, at this time, to address you. I am apprenticed to a surgeon-apothecary and man-midwife, for the space of seven years. I have, and most likely shall continue to have, much time at my own command for reading, &c. My master gives me free access to his medical books, but will not trouble himself to direct my attention to those which would be most beneficial to me. Feeling I am very incompetent to judge for myself in this particular, shall esteem it a great favor if you would point out to me a course of reading in the different branches of medical science, (such as anatomy, practice of medicine, chemistry, botany, &c.) and the order in which the different books should be read. You are well aware, gentlemen, that I have to undergo two very rigorous examinations, when it will be necessary to have a good knowledge of these subjects, to enable me to pass the ordeal with credit to myself and satisfaction to my friends.

As it occurs to me, that keeping a common-place book, for the insertion of extracts and other particulars which may appear interesting, it would greatly enhance the obligation, if you would inform me of the most proper and suitable form for such a book, and of the best manner in which to keep it.

A full and explicit answer to the foregoing request in your next number, with any other advice you may think proper to give, will not only prove beneficial to myself, but to many others placed in similar circumstances.

December 16, 1816.

P. S.—I would beg leave to observe, that, in page 433 of your 34th volume, there are some remarks which bear upon my first request, but they do not enter into the subject so fully as I could wish.

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For the London Medical and Physical Journal.

Mr. RING's *Addition to his Paper in our last Number.*

AFTER seeing notice, in the last Number of your Journal, that the subject of discussion between Dr. Kinglake and me must now close, it is with reluctance I am compelled to solicit the admission of a few lines.

When I read Dr. Kinglake's complaint against me, a variety of unavoidable avocations prevented me from examining my answer to him with due attention. I now observe, that, in a former part of it, I have alluded to a passage from his Inaugural Dissertation, quoted by himself in your Journal; but, having then never entertained a doubt that he was a regular physician, it made the less impression on my mind; and, when I heard the unfounded report to the contrary, I did not recollect this circumstance.

I am happy, however, in reflecting, that it is a mistake which admits of being so easily rectified; and, that, when rectified, it can only prove injurious to myself.

New-street, Hanover-square;
Jan. 3, 1817.

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

Quicquid agunt medici,
nostri farrago libelli.

Memoirs of the late Mr. Royston; by Jos. BROOKES, Esq.

WILLIAM ROYSTON, Esq. F.L.S. F.M.S. Bolt-court, and one of the Presidents of the Medical Society in Blenheim-street; died on Tuesday the 3d of December, 1816, aged 55, after being confined to his room for about three weeks.

This gentleman was formerly one of the editors of the London Medical and Physical Journal, and the projector of the Medical and Pharmaceutical Repository; of which last publication he continued till within a few months of his demise one of the enlightened editors.

Mr. R. possessed but a very indifferent state of health for the last four or five years, being frequently attacked with rheumatic

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and nephritic complaints. About two years ago, Mr. R. was seized with a violent pain in his head; but this yielded to bleeding, cupping, &c. He was afterwards troubled with a pricking sensation in the ring and little fingers of the left hand, which continued to his death. He also laboured under a considerable difficulty in respiration, and was oppressed by flatus in the stomach to a most tormenting extent; and had, likewise, a great propensity to dozing for the last year or two of his life. In all these various maladies, Mr. R. was attended by his intimate friend, Dr. Bree, to whom Dr. Baillie, with his usual benevolence, joined his professional assistance. Dr. Curling, Messrs. Copeland, Dickenson (staff-surgeon), and Brookes, occasionally visited their afflicted friend, who was besides incessantly attended by Mr. Collins, surgeon in the India service.

Mr. R.'s principal complaint might be said to be Bulimia; but the consequences of indulgence were always great uneasiness in the stomach, flatulent distension, and long-continued eructations, accompanied by dyspnœa to a great degree. This vitiated state of the digestive organ was, by himself, attributed to the eating of ice in Bond-street, whilst warm from walking, about two years ago. To alleviate these distressing symptoms, Mr. R. was frequently induced to resort to the stimulus of brandy, mixed either with warm milk, or water, sugar, nutmeg, &c. which commonly afforded a temporary relief. By those prevailing affections, i. e. difficulty in respiration, flatulent distension, &c., Mr. R. was at length obliged to confine himself to the house; and, probably, to the same causes might be traced an extreme irritability of mind, remarked by his attendants, as also an occasional opposition on his part to the efforts of the physicians, who found themselves constrained to yield to the will of the patient in more instances than one. The internal means used were such as the variety and complication of the patient's sufferings seemed to call for, to which other auxiliaries, such as bleeding, leeches, a blister, frictions with Ung. Hydrargyri, &c. were superadded. All these, however, as will be hereafter seen, failed to produce the wished-for effect.

Mr. R., zealously attached to his friends, and by all those who knew him sincerely regarded, was a man of reading, of acknowledged professional talents, and of more than common acquirements in zoology, botany, painting, and music. He has left to be edited a work on Medical Electricity and Galvanism, which, according to the judgment of those who have seen it, is likely to do credit to its author.

This gentleman, the son of an opulent farmer, was born at Wigan, in Huntingdonshire: he studied in London in the year 1779, afterwards at Edinburgh in 1794; and began to practise at the place of his birth, which, however, not affording sufficient scope for exertion, he came, by the advice of Dr. Glynn and other medical friends, to the metropolis in the year 1806, and established himself in Prince's-street, Cavendish-square, where he died.

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About a year ago, Mr. R. turned his attention more particularly to electricity and galvanism, and had a very elegant and appropriate apparatus, constructed by Cuthbertson, with which he experienced the satisfaction of removing many very serious maladies, such as amaurosis, cataract, contraction of the arm, asthma, &c.

Dissection.

On Wednesday, the 4th of December, Mr. Brookes examined the body in the presence of Dr. Baillie, (Dr. Bree being engaged,) and of Dr. Curling, Messrs. Dickenson, Copeland, Collins, Morgan, and Roscoe, (the two last pupils of Mr. Brookes's,) and Mr. Toke, apprentice to Mr. R.

On opening the abdomen, the liver presented itself much diseased, hard, rather less in size than naturally, of a lighter red colour, tuberculated; in its interior part nearly as firm as in its exterior. The gall-bladder and biliary ducts were not at all diseased.

The stomach was small, nearly empty, except at the cardiac extremity, contracted across the middle; and, on being divided on its anterior surface lengthwise, appeared of a dark reddish hue, with the pylorus morbidly thickened.

The spleen was much firmer than usual, its parenchymatous structure retaining the same compact texture throughout. The artery was much diseased, its coats very opake and verging towards ossification.

The pancreas partook of a similarly indurated structure.

The other abdominal viscera were not at all altered, but the bladder was thickened in its coats, and somewhat inflamed at the termination of the ureters.

The prostate gland was like the other diseased viscera, firmer in its structure than when in a healthy state, rather larger, and its middle lobe projecting into the bladder.

The kidneys were strikingly diseased, being not more than half of their usual size, exhibiting the morbid features of the other viscera particularized, the cortical part by no means of that ruddy colour which is their usual appearance; the tubulary portion and the tubuli uriniferi more than commonly distinct and obvious.

The Thorax.—On removing the sternum and cartilages of the ribs, the left lung was found but little altered, nevertheless inflammation had taken place and produced some trifling adhesions between the pleura pulmonalis, and costalis. The right lung, on the contrary, was very much and recently inflamed, suffused over its surface with coagulable lymph, and floating as it were in about a pint of serum. The division of the pericardium offered to our view a large heart, having on the middle of the pulmonic ventricle an opake spot about the size of a shilling, denoting carditis, that had existed at some remote period. There was another spot of the same kind at the very apex of the aortic ventricle. The apex possessed a rotundity not natural. All the valves of this viscus were firmer than usual, but not at all ossified.

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The Head.—On examining the brain, this organ offered but little to interest the physician, further than that the plexus choroides in the left lateral ventricle was found to have a few hydatides attached to it, but of no great size; and, as is generally observable in a subject of nearly sixty years of age, the cerebral and vertebral arteries, with the vasilary, changed in structure, opake, having lost their contractility, and fast approaching to ossification, and in this resembling the condition of the splenic artery before noticed. There was half an ounce of fluid in each lateral ventricle. In other respects, nothing occurred worthy of description.

Reflections.

From whence then did this accumulation of disease arise in an individual of temperate habits, with whom I have frequently associated in parties where the prevailing conviviality might have tempted the most abstemious man to depart somewhat from his ordinary rules? Even on such occasions, my late friend never appeared in the least disposed to exceed: in other respects, perfectly regular, rising early in the morning, and, during the day, walking ten or more miles. Could mental anxiety have contributed to produce such morbid changes throughout the constitution? Is it possible, that disappointment in those views with which Mr. R. had been induced to settle in the capital could have occasioned such a train of evils?—I must own, that to all these questions, I would not hesitate to answer in the affirmative.

Case of Puerperal Fever, in which the Uterus and Spleen were principally affected. By Hugh Ley, M.D. Physician-Accoucheur to the Westminster Lying-in Hospital.—(*From the Medical Transactions.*)

Ann Taylor, aged about 28 years, of a dark swarthy complexion, and exhibiting signs of the melancholic temperament, was admitted into the Westminster Lying-in Hospital, on the evening of the 25th of September, 1814. Little or no progress had been made in her labour: she was delivered, however, in three hours after her admission, by Mr. King, an industrious and intelligent student. Nothing untoward occurred in her delivery. Her labour was, in every respect, perfectly natural; the dilatation of the os uteri being rapidly progressive, the presentation most favourable, and the external parts easily "dilatable." As soon as the division of the funis had been effected, and the infant delivered to the ordinary attendant, it was ascertained that the placenta had been separated by the contractions of the uterus, and was already lodged in the vagina. In a few minutes it was wholly expelled by the natural efforts of the woman, no assistance having been given by the funis. An opiate having been administered, she was put to bed. The ordinary treatment of the house was had recourse to. She was confined to a low diet, consisting solely of vegetable decoctions,

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coctions, and strict abstinence from the use of fermented liquors was enjoined. On the following morning, as she complained of a slightly painful affection of the stomach, her bowels were opened by a solution of the sulphate of magnesia, in the infusion of senna; and by this she was completely relieved.

On the morning of the 28th, my attendance was desired at the hospital on account of the serious indisposition of this woman. She complained of intense pain over the whole abdomen, and especially in the umbilical region. It was acute and permanent, and upon making even inconsiderable pressure over any part of the abdominal cavity, the pain became excruciating and insupportable. There was, at the same time, some slight fulness of the abdomen, without, however, any considerable degree of tension.

These symptoms of local disease were accompanied with much constitutional affection. She had been attacked on the day preceding with cold chills, amounting even to shivering, succeeded by, and alternating with, irregular flushes of heat, head-ache, pain in the loins, and wandering pains of the limbs. Her head-ach now continued; she complained of restlessness, with great prostration of strength and depression of spirits, her countenance being strongly impressed with anxiety. The pulse was frequent, exceeding 120 in a minute, of contracted diameter, and hard: the respiration hurried and anxious. Her thirst was insatiable; the tongue, towards its middle, had a thick white tenacious crust, the edges being of a bright red colour. She had some degree of nausea, without, however, any effort to vomit; and her bowels, which had been previously confined, were now under the influence of a cathartic, which had produced several liquid evacuations. These were, however, in small quantity, dark-coloured, and highly offensive. The skin was dry and pungently hot. The urine was discharged without difficulty, but in small quantity; it was high-coloured, and deposited a copious sediment. Her milk, of which she had little on the preceding day, now wholly disappeared; and the lochial discharge was inconsiderable, and slightly offensive.

These symptoms appearing to justify and require the use of the lancet, I directed her to be bled immediately. I remained with her until this had been accomplished, keeping my finger upon the artery of the opposite wrist during the operation. The frequency of the pulse was scarcely altered as the evacuation proceeded, though its first effect was evidently to increase its volume. Having taken from 12 to 14 ounces of blood, as I found the pulse becoming languid, without, however, any other signs of syncope, I directed the arm to be tied up: as I conceived the evacuations from her bowels, although frequent, to be insufficient, and affording evidence of the undue retention of feculent discharges, I gave instructions for the immediate exhibition of a strong cathartic, the basis of which was calomel; and this to be followed up by divided doses of the sulphate of magnesia; and unless, in the evening, the pain should have completely ceased, I desired that a blister might be applied.

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On the following morning her symptoms were much relieved; she scarcely at all complained of internal pain, and she could shift her position without inconvenience. The frequency of pulse was diminished, as were also the thirst and heat of surface; the tongue was more clean, and her bowels had been well opened,—highly discoloured and offensive evacuations having been produced by the medicines administered; the alvine discharges, too, had now become feculent and somewhat scybalous. She had still, however, no milk, and the lochia were still in trifling quantity. She had, moreover, passed a night of restlessness, which she ascribed to the irritation of the blister.

By repeating small doses of laxative medicines, especially the salines, she so far recovered, that I felt justified in taking my leave, giving general directions to pay strict attention to her bowels, and in case of a relapse, to apply to Dr. Gooch, whose month of attendance had commenced.

Having, on the morning of the 4th of October, occasion to visit the hospital on account of the engagements of Dr. Gooch, I was requested by him to see two cases, to which he had been called on the preceding evening. One of these I found to be my former patient, whom I had supposed to be by this time fully recovered. Thinking her case desperate, I hastened to request the advice of our consulting physician, Dr. Maton, who readily consented to meet me in the evening. We found her labouring under much constitutional irritation, without any *apparent* proportional local affection. She complained of pain in no part, and could bear considerable pressure on every part of the abdomen, which was little, if at all, enlarged: she had some heat of skin, with moisture which approached to clamminess. Her pulse was rapid, small, and compressible; her respiration frequent, anxious, and even somewhat laborious; her countenance and eyes were suffused with a yellow colour, her cheeks exhibiting the circumscribed redness of hectic; her tongue was foul, and, although she did not complain of thirst, she took fluids in small quantity when offered to her, and seemed to be refreshed by them. Her stomach had become extremely irritable, rejecting every thing which she had taken in the way of nourishment, to which, indeed, she had little inclination.

Upon making inquiries as to her state in the interval between my attendance and the evening when Dr. Gooch was sent for, I was informed, that, though she had kept her bed, she had made no complaints, had not refused to take food, had been cheerful, and even jocular; but that her bowels had been obstinately constipated.

For the symptoms under which she now laboured we had difficulty in accounting: they seemed to indicate the existence of some visceral affection, but to what organ to refer as the seat of the disease, in the absence of all pathognomonic symptoms to direct our judgment, we were unable to determine. We had reason to suspect, however, the existence of some biliary obstruction. She had, indeed, complained of no pain in the region of the liver, but her

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her countenance exhibited a jaundiced appearance; her urine had a bilious tinge, and her bowels had resisted the most powerful purgatives; even 10 grains of calomel, which had been administered on the preceding evening, had produced little or no effect. It was now, therefore, judged expedient to keep up an action upon her bowels, if possible; and with this view, as her stomach was so irritable that neither nourishment nor medicines of any bulk could be retained, and, as it was found, in this case, that calomel, failing to produce any purgative effect, had increased the general irritation of the system, pills, the basis of which was the compound extract of colocynth, were directed to be given till they produced their effect.

On the following morning, to our surprise, we found her sinking: the pulse had become incalculably rapid, indistinct, and occasionally intermitting; the surface was moist and clammy, the extremities cold; the respiration had become laborious, the eyes sunk in their sockets, the intellect wavering, the lips livid, and the countenance ghastly. Cordials were administered in vain—she expired on the same evening.

Dissection.—On opening the general cavity of the abdomen, few marks of inflammation could be immediately detected; and, indeed, had not the attention been particularly directed, by the preceding symptoms, to its investing membrane, the very slight turgescence of vessels which this exhibited would altogether have eluded observation.

The serum contained in the cavity of the peritonæum did not exceed an ounce, and this not assuming the appearance so commonly observed in the puerperal peritonitis, but resembling that which is effused under other circumstances, or into those other cavities of the body, which are lined by a serous membrane, possessing, indeed, a community of general properties with that serum, which may be obtained by spontaneous separation from a portion of the general circulating mass.

On tracing the course of the intestines, no preternatural thickening of their tunics, no adhesion between their contiguous parts, appeared; no coagulable lymph had been effused upon their surfaces, nor were there any shreds of the same substance floating in the serum. In one part of the intestinal tube, however, there was a slight exception to its generally healthy aspect: the sigmoid flexure of the colon exhibited unequivocal marks of its having been the subject of slight inflammation; it adhered slightly to a part, which, although much altered in its appearance and structure, was recognised as the left Fallopian tube, and was slightly red, especially at that part where the two layers of peritonæum divaricate to cover that portion of the canal. The agglutination, however, of these contiguous parts could be with facility separated by the finger: it was evidently of recent formation, and might, perhaps, be considered rather as an extension by contiguous sympathy (to adopt the phraseology of Mr. John Hunter) of a disease originally affecting the Fallopian tube of that side, than as a primary disease of

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of the part itself. It was in the uterus, and its appendages on the left side, that we found the principal seat of the disease, which, to appearance, proved destructive to the patient.

The uterus, which was scarcely more enlarged than we might expect to find it at such a period after delivery, exhibited externally slight marks of inflammation; its peritonæal covering was more red, and somewhat thicker than usual, especially towards that part of the fundus where the left Fallopian tube emerges from the uterus. The thickness of its parietes was not much augmented, the muscular structure was more pallid than is common, whilst the principal vessels, which could be observed ramifying through its substance, were enlarged and turgid. On laying open the cavity of the uterus, a striking change of organic structure exhibited itself: no appearance of mucous membrane remained; the whole surface had assumed a gangrenous appearance, was extremely irregular, and of a dark livid or greenish hue; and these appearances were accompanied with considerable fœtor. Towards the fundus, which appeared to have suffered most, were found portions of coagulated blood, adhering firmly to the uterus, and much resembling polypi. One of the largest of these substances occupied the left angle of the cavity of the uterus, covering, as nearly as we could judge in such an altered state of parts, the exit of the Fallopian tube on that side: this, with the ovary on the same side, were materially altered in their structure; they had lost their natural character, and appeared now to consist only of a cellular tissue, whose cavities had been filled by a serous exudation. In separating the uterus from its connexions, with a view to a more deliberate and accurate examination of its state, the incision was unfortunately not made sufficiently low in the pelvis to include the os uteri. Of its state, therefore, we had no means of obtaining accurate information. It is reasonable to conclude, however, that it had partaken of the disease, since the whole of the cavity of the uterus was affected, and even in that part of the vagina which could be submitted to ocular inspection, by the separation from each other of the labia, some degree of livid discoloration could be observed. It is possible, however, that this might have arisen from the passage over its surface of a fluid formed in the uterus, and not altogether from the effect of disease attacking at least the inferior part of the vagina.

The liver was of its natural size, and healthy in its structure. The gall-bladder was not at all distended with bile, although it contained a small quantity; and there were no biliary concretions found either in it or in the cystic, hepatic, or common bile-duct.

The pancreas and stomach appeared to have undergone no morbid change.

The spleen, throughout the whole extent of its convex surface, adhered to that portion of peritonæum which, situated opposite to it, lines the left hypochondrium. In attempting to destroy this connexion by the hand, it was stripped of that portion of its peritonæal covering. Internally this viscus had undergone a very ex-

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traordinary morbid alteration: its texture was so changed as to resemble an extremely soft piece of sponge, of which the cells had been filled by an intimate mixture of pus and of grumous blood. On placing it in water, for the purpose of washing out this matter, the whole organ exhibited an appearance somewhat resembling that of a lung exposed to long-continued maceration, to illustrate its great vascularity. Innumerable ramifications of vessels, of which the connecting medium had been destroyed, floated separately in the water, rising from every point of the superficies of the organ. These vessels, in their extreme minuteness, and the immensity of their number, might be compared, with justice, to the small fibres which compose the down of the swan; nor did this exceed in softness the impression which was occasioned by passing the hand over the surface of the spleen, which now appeared to consist wholly of a congeries of minute vessels, deprived, by interstitial or ulcerative absorption, of their connecting cellular membrane, and of the parenchymatous substance, if such exist, independently of the vascular and nervous systems, and the connecting membrane. The contents of this spongy mass having been removed by repeated washing, something like an attempt at the formation of cavities to contain the matter manifested itself; no regular cyst, however, had been formed. The parietes of the abscesses (if abscesses they could be called), were imperfect and pervious, being composed of blood-vessels running in every conceivable direction, and forming a thick and beautiful plexus or net-work; each vessel, however, remaining as unconnected and distinct as if all its surrounding connexions had been removed by the most careful and accurate dissection. I know of no structure in the human body to which I can refer, to illustrate, by its resemblance, the appearance which these cavities assumed, unless it be the internal formation of the heart. The fleshy columns of this organ "compose a beautiful, intricate, and irregular net-work;" and certainly bear a distant resemblance to the arrangement of vessels which I have described, although the latter were infinitely more numerous and minute. The ulcerative process seemed, in some instances, to have extended itself even to the coats of the vessels, some of the largest of which appeared to be eroded.

The urinary organs had not been at all subjected to the influence of this disease. The kidneys, however, afforded us an opportunity of observing a curious instance of the "anatomia lusoria." On the first examination of them *in situ*, they appeared to have nothing peculiar in their form or structure. When, however, the surrounding parts had been removed, it was discovered, upon more accurate inspection, that the kidneys, united on the spine by their inferior extremities, formed one continuous body of a semilunar form; and this, from its general resemblance in shape to the shoe of the horse, has, by some eminent anatomists who have in their possession instances of a similar structure, been denominated the 'horse-shoe kidney.' The artery on each side entered at the superior parts or cornua of the kidney, while the vein and ureter passed

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passed out very near to each other, and at a part which would answer to the proper situation in a kidney of the ordinary form.

The bladder was of its natural size, not in the least distended, and of a perfectly healthy aspect.

It did not appear that the thoracic viscera had been affected by *this* disease. The quantity of serum contained in the pericardium scarcely exceeded what is usually found. The heart appeared healthy in size and texture; the lungs had undergone no morbid change; the pleura pulmonalis of the left side adhered by every part of its surface to the contiguous part of the sac, which lines the ribs and intercostal muscles. These unnatural adhesions, however, appeared to be the effect of former disease.

The brain was not examined.

Observations.—Having now completed the general outline of a case, which has appeared to those in whose judgment I have confidence to be not altogether devoid of interest, it may not be foreign from the leading object of my communication, to direct the attention to those peculiarities by which it is characterized, although the necessarily circumscribed limits of a paper of this kind will prevent my entering so minutely into details as either I could wish, or may appear necessary, for the complete elucidation of those points in pathology which it is calculated to illustrate.

The case seems to afford proof and illustration of a fact, which reasoning and observation conspire to prove, that puerperal inflammatory diseases are by no means essentially connected with the tediousness and difficulty of labour; and, indeed, were I entitled to draw any general conclusion from my own limited experience, I should not hesitate to assert, that, in those who, from causes, external or internal, natural or artificial, local or general, have gone through, with unusual celerity, the various stages of parturition, such affections are more frequent in their occurrence, more violent in their operation, and more fatal in their event, than in those whose sufferings have been long protracted and severe in the course of delivery. But upon this point, which might lead me into speculative inquiries of some length, obvious circumstances will oblige me to be brief. I shall venture to consider the apophthegm, common in the lying-in room, that "women have a better getting up after slow than after quick labours," as founded on accurate observations, and by no means as a prejudice of the "profanum vulgus," unsupported by evidence, and consequently unworthy of attention;—and it will be removing one great obstacle to the admission of the truth of this opinion, if it can be shown that the assumption (if that can be termed an assumption, which is a general though vulgar induction from experience) can do *no* harm, but *must* have a beneficial influence on the practice of those engaged in obstetrical pursuits. This it would not be difficult to prove to the satisfaction of those whose minds, uninfluenced by the bias of preconceived opinions, are open to the impressions of truth. To such, a belief in the existence of a natural relation between the celerity of labour and the occurrence of puerperal affections of a

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febrile and inflammatory kind, cannot but inculcate caution in the management of parturient and puerperal women: it will prevent an over anxiety in the progress of labour for its speedy termination, and put an end to the various modifications of improper practice founded on such solicitude; nor can it fail to urge them to an attentive and cautious observance of the consequences of cases of unusually quick labours. In these, which have been hitherto too much neglected, the baneful influence of an unrestricted regimen is more to be dreaded than even in those in the progress of which the woman has suffered long and violently. Such cases too, as they arise from causes, either external or internal, artificial or natural, become either the direct causes or the signs of future disease; the extent and kind of morbid affection being also, in some measure, influenced by the cause, in proportion as this may be local or general. These very general statements, however, will become more obvious and intelligible, in their application to the individual case in which these reflections have originated; and, in doing this, it will be necessary to bear in mind both the general habit of the patient, and the circumstances of her labour.

The appearance of this woman, it will be recollected, indicated that languor of habit which is characteristic of the melancholic temperament.—The indisposition to febrile affections which usually accompanies this habit of body, though it did not wholly prevent the operation of a common cause in the production of puerperal fever, modified the attending symptoms; for, notwithstanding that the inflammation of the investing membrane of the abdomen was extensive and violent, the concomitant fever was not so severe as I have frequently witnessed, and appeared to be checked *in limine* by the means adopted for its cure.

From the general aspect of the patient, then, there appeared no reason for extraordinary caution in guarding against an attack of puerperal fever. But in the extreme celerity of the labour, and especially from the quickness with which the uterus, impatient to be freed from its contents, had, by its contractions, separated the placenta, there appeared reason (supposing the connexion which I have endeavoured to trace to have been previously ascertained) to infer the existence of such an *irritable* state of the uterine system, as would be sufficient, if not to constitute a strong predisposition to puerperal fever, at least so to modify the disease, that the violence of its attack would be directed particularly upon the uterus and its appendages: and such appears to have been the case in the instance before us.

It is an extraordinary feature of the present case, that two organs so remote from each other, and possessing, apparently, so little mutual affinity either in structure or function, should have been so particularly affected, whilst all the intervening organs had escaped the destructive influence of a disease, which had evidently been common to the whole. The co-existence of morbid affections of these two organs, however, is by no means of unfrequent occurrence;

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currence; and, indeed, it is a curious fact, that few cases of diseased spleen in the female have been related by Morgagni, in which there was not some concomitant affection of the uterus or its appendages. Such cases ought, perhaps, to be considered only as coincidences, and wholly insufficient to warrant the conclusion, that there is any natural alliance between these two organs; yet still the fact is, to a certain extent, interesting, and deserving of attention.

It may be proper here to notice a difference of opinion which has subsisted, with regard to the actual state of the uterus in this case. Some, more conversant with morbid dissections than myself, had no doubt that gangrene had occurred. I am not convinced, however, that this was absolutely the case; and, in supporting the opposite opinion, whilst I am sanctioned by the authority of an eminent teacher of midwifery, to whom I showed the part soon after its removal from the body, I am influenced by the following reasons: first, because, considering the extreme unfrequency of gangrene (which I conceive to involve a total abolition of vital power) of the uterus, I am unwilling, without strong and irrefragable proof, to admit its existence; secondly, because, in the case before us, there was not that diminution of the solidity of texture which characterises gangrene; and, thirdly, because I think the phenomena explicable upon another supposition; this being founded on the effusion and subsequent putrefaction of lymph, and of blood in its aggregate state, effused upon the internal surface of the uterus. Such a supposition seems to account satisfactorily for the irregularity of surface, with the gangrenous fœtor and lividity which were observed. But, whatever opinion may be entertained upon this point, the appearances which, in the account of the dissection, I have endeavoured faithfully to describe, without involving any discussion of their cause, were abundantly sufficient to justify the conclusion, that the uterus and its appendages had suffered from a very high degree of inflammation, the combined effect of which, with that of the affection of the spleen, without producing any decided characteristic signs of the organic affections, gradually undermined the powers of the constitution, and ended only with the destruction of the patient.

Of the state of the spleen, as illustrating some of the general positions and principles established by Dr. Carmichael Smith, in his valuable paper on Inflammation, I must refrain from treating at any length, howsoever interesting it might be to examine those peculiarities of inflammation of the spleen, which may be ascribed to two great sources of diversity in the phenomena of inflammation pointed out by Dr. S.—"function" and "natural structure." I must here, therefore, content myself, without attempting to explain their connexion, with referring to the former source of difference the symptoms of hepatic affection, and to the latter the freedom from pain, and the peculiarity of termination, (which last I believe to be rather general than accidental) exhibited on the dissection of this woman.

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Even upon the connexion of inflammation of the substance of the spleen with puerperal fever, I shall be unable to dwell long. This relation, which seems to have escaped, in great measure, the particular attention of pathologists, has not altogether eluded observation. That inflammation of the peritonæal covering of this organ may constitute a part of the peritonitis puerperalis, is a fact well ascertained, and not unfrequently observed. The alteration, however, of its internal structure had been rarely noticed, until Gastellier, during the short time that he had the care of the Hospice de la Maternité, had an opportunity of observing it. Having given the general result of his observations on the dissection of those who died of the epidemic which he has described, he says, "La rate en a été *souvent* frappée, mais une fois entr'autres elle a été entièrement détruite, entièrement fondue; il n'en restoit aucune trace, si non un foyer de fluide sanieux, dans la région, et en place de cet organe."

In another case of puerperal fever which I had recently an opportunity of examining, the spleen appeared to have undergone a morbid alteration, similar in kind, but differing much in degree, from that observed in the instance which forms the subject of this communication. The peritonæal covering could, with the greatest facility, be stripped from the whole of its convex surface; and the interstitial substance had been somewhat, though not extensively, removed. This, however, had been effected to such an extent, that the spleen, possessing but little of its usual solidity, had assumed the texture of sponge very unusually soft, and was beginning to exhibit that flocculent appearance which, in a former part of my paper, I have endeavoured to describe.

Whether this morbid affection would have gone on to the degree of disorganization already described, it is, perhaps, not easy to determine; but, since the appearances much resembled those parts of the spleen which were the least affected, in the case which I have detailed, it seems probable that such would have been the event, had the patient's life been protracted sufficiently long; and, if so, we must consider it as the beginning of a disease, of which this and Gastellier's case (and it was with the view of comparing these cases that I quoted the words of Gastellier) form the extremes of commencement and termination, while the appearances on the dissection of Taylor point out that intermediate stage, or extent of the disease, in which the removal of the vascular structure had yet only commenced.

My own experience does not enable me to state, with any precision, what is the relative frequency of affections of the spleen in puerperal fever; nor would such knowledge be of much practical utility, since it would scarcely influence the practice. In the cases which have fallen under my observation, I have had reason to think that they constitute no unfrequent occurrences. We know, however, that it is a characteristic feature of some endemic diseases, to be accompanied, in the majority of instances, by an affection of some particular organ; and it is not impossible but that

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that to this very general principle should be referred the frequent occurrence of affection of the spleen, in those cases of puerperal fever which I have lately seen, as well as in those which occurred during the two months of M. Gastellier's attendance at the Hospice de la Maternité.

It now only remains that I advert very briefly to the unnatural formation of the kidney, which, however, as it was obviously congenital, scarcely admits of discussion. It does not seem to throw any light upon the natural structure, function, or diseases of this organ, and is, therefore, no more deserving of attention than as recording one of those instances of deviation from the ordinary course of the operations of nature, with which we occasionally meet. We are entitled to infer, that it was an original malformation, both from its internal structure and the disposition of its vessels. The arteries had not their usual relative situation with respect to the other vessels, and at the part where it might have been supposed that an unnatural union had been effected by former disease, the peritonæum was dissected back with care, to ascertain if any process of this membrane dipped down between what might have been considered as the natural division of two organs; but nothing of this kind could be detected. The whole consisted of a continuity of substance identical in its appearance and properties, and having no intervention of membrane, or variation of structure, to mark the situation where we might have expected to find traces of former separation.

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Elements of Pathology and Therapeutics, &c. By CALEB HILLIER PARRY, M.D.

(Concluded from our last.)

BEFORE we enter on the remainder of this performance, we conceive it justice to Dr. Parry to remark the propriety of his commencing a work on pathology with a minute examination of all the forms of inflammation. Most elementary writers, since the time of Boerhaave, have followed the beaten road of attending to fever before any other disease. This, in the then imperfect state of morbid anatomy, was to be expected; but it is impossible to account

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count for a perseverance in such a mode of instruction, now when we are so frequently informed that the principal danger of fever is inflammation excited in some vital part.

The first division of this work, comprehending the laws of inflammation, in its various forms, and in parts variously constructed, made the subject of our last Number. The rest of the book contains the application of the above to various diseases: the first in order is Dropsy. The reason of this arrangement is, that, as effusion of serum is the simplest form of that increased momentum which constitutes inflammation, so this effusion, in its most simple form, shows itself by anasarcous swellings. These, it is remarked, are often the sequelæ of the former diseased action. Still, however, if they arise from increased action, the author maintains that they are the effect of what is called the phlogistic diathesis. That such a state often exists under high inflammation, we see no more reason to doubt than the author; but whether such is universally the case, will be considered hereafter. That the fluid extravasated in dropsy is also similar to that effused in some kinds of inflammation, admits of no question. The frequent thickening of the respective membranes lining the thoracic and abdominal cavities, we cannot, for a moment, fail to consider as a further proof of the existence of inflammation, whenever such appearances are detected; or that the pain, when it occurs, is an additional proof, strong in proportion to its degree. Even where none of these proofs are present, the author conceives that these swellings may arise from increased momentum, approaching, but not amounting, to inflammation.

Dr. Parry next proceeds to show that this effusion is, for the most part, a salutary action, being the means of lessening the phlogistic diathesis. We agree with him that it is no objection to this opinion if the effusion sometimes proves fatal when determined on the brain; because no new action, however salutary may be its intention, can be entirely divested of danger. All this goes with much regularity, till at last the author, with great candour, introduces us to a condition with which we know not how to connect the idea of increased momentum.

"We may also, (says he,) conformably to the principles above admitted, conceive that easily yielding state of vessels, approaching to that of death, which, in order to the production of effusion, does not require the coincidence of the excessive momentum usually accompanying the phlogistic diathesis.

"It may, however, be repeated, and the reader is requested continually to bear it in mind, as an important practical conclusion, that, in all these cases, the impetus is excessive with regard to the individual

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individual constitution; and therefore is speedily followed by that process of effusion, which, when in a just degree, it must be nevertheless admitted that nature employs as the most efficacious means of relief.

"If, to the explanation of dropsical effusions which has thus been attempted, it be objected, that accumulations of fluid may arise from diminished absorption, I answer, that, though such a cause is theoretically possible, the question is, whether it be actually true. My observation has not furnished me with a single fact, in direct proof of the agency of this cause; and one could with no shadow of reason attribute it to the many pounds of serum, which are sometimes effused into the abdomen in the short space of twenty-four or thirty-six hours. The arguments in favour of this cause, deduced from the effects of remedies, the operation of which stands equally in need of proof, will not be admitted by any logical pathologist."

If, by the first part of these observations, Dr. Parry means to confine himself to those profuse sweats which sometimes precede death, we shall not dispute whether they arise from a "momentum excessive with regard to the individual constitution;" but, when we know that transudation sometimes follows death, when, as far as we can discover, no momentum exists, we are apt to suppose that in *a moribund* condition it may sometimes exist; and, if this is presuming too much, we must at least admit that these effusions sometimes exist under a degree of debility, and so entirely without pain, that, if excessive momentum exists, it cannot be considered as arising from those causes of inflammation which distinguish the phlogistic diathesis. And, though we readily admit that such rapid accumulations cannot be entirely the effect of a want of absorption, still we are not perfectly satisfied that there is any degree of effusion, however rapid and however considerable, that the absorbents, in a perfectly healthy state, and acting as they usually do, according to the necessity of the part or of the whole, might not take up. We allow, with Dr. Parry, that the effusions into the abdomen, in the short space of twenty-four or thirty-six hours, will sometimes amount to many pounds. But will not the absorption sometimes amount to as many. After a dose of elaterium, do we not often find a quantity of fluid we could scarcely believe voided by the rectum and the urinary organs; and how should this fluid find its way thither but by absorption? and that the effused fluid is absorbed, cannot be questioned, as we find, for a time, that the abdomen is reduced as suddenly as the fluid is voided.

The next subject, arising from increased momentum, which comes under our author's consideration, is Hæmorrhage.

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Here Dr. Parry appears to great advantage, being, we believe, the first person who considered the effusion of blood under the skin, improperly called *purpura*, to be the effect of phlogistic diathesis. Dr. Aikin, in the Memoirs of the Medical Society of London, we believe, first noticed petechiæ sine febre; but, though he proved that this was different from the scorbutic form of that disease, yet he does not seem to have completely decided on its inflammatory character. Dr. Parry very properly remarks, that these spots vary in their colour from a pale red to a purple approaching to black. But this is not the case on their first appearance. If the disease is severe, they appear almost of a bright red at first, and gradually grow paler, or acquire the modena colour. This last arises entirely from the well-known properties of the blood, which, when excluded from air, as it always must be when extravasated within the living body, gradually passes through those changes in its colour. This is very different from the purple spots of the old malignant or spotted fever, or from such as sometimes, but rarely, appear at this time in the early stage of scarlatina or small-pox. In these forlorn cases, the spots will be sometimes of a deep purple at their first appearance, and hæmorrhages from the nose, bladder, rectum, or vagina, will consist of dark-coloured blood, of a creamy consistence, which never coagulates.

A chapter follows on the final causes of Inflammation, Dropsy, and Hæmorrhage. The consideration of this we shall defer for the present.

The author now takes a general view of simple excessive determination or fulness of blood, first as it affects the whole body, and next individual parts. In the former, the determination or fulness is not permanent in any individual part; and, though fulness, and even increased momentum, may exist with wandering pains, yet, as no local inflammation is excited, the patient may be relieved by the abstraction of blood, and the blood may show no inflammatory crust. When, on the contrary, the determination continues for any length of time to a particular part, inflammation is excited. In the cutis its effect is first described with much accuracy, and with a number of good practical remarks: next in the head, the mammæ, the uterus, prostate and thoroid glands, the liver, spleen, and muscles, including those of the heart. In all these the author shows, by many practical proofs, which his genius and industry have enabled him to detect, how frequently the word nervous, and the mistaken ideas associated with it, have warped the practitioner from that attention to lessening plethora, and consequent increased action, which have been the true cause of these complaints.

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The following, however, is the most remarkable instance of the restorative powers of the economy we remember to have met with.

"Females, whether about the age of puberty, or afterwards, when either chlorotic, or labouring under strong nervous complaints, are apt to suffer great palpitations of the heart on muscular exertions, which, though slight, are considerable relatively to their accustomed habits of indolence. In these cases, the palpitation produced by walking up stairs, or up hill, is accompanied with great uneasiness about the heart, and with very quick and short respiration; and the pulse, even during rest, will sometimes habitually reach from 100 to 120 in a minute. The beating of the heart is usually felt at such a distance from its natural place, and there is often such a difficulty of lying on either side, that one cannot help concluding the heart to have suffered considerable enlargement. In such a case I have known absorption of two of the ribs carried to a considerable extent; and pressure with the finger on the heart through the yielding spot, produced great anxiety, and immediate disposition to syncope. Yet this patient recovered; and now enjoys tolerable health, thirty years after the period of my attendance.

"In other instances, the dissections of strong persons, usually after the middle of life, shew great and permanent enlargements and thickenings of the heart, without apparent inflammation.

"In these cases, as in others before mentioned, there is certainly a tendency to vibrate backwards and forwards between the states of simple fulness and actual inflammation; so that, in the latter state, the blood shall exhibit the usual inflammatory crust. Thus, in the changes which occur in the muscular substance of this important organ, we have another example of increased momentum or fulness, common to the two states of simple excessive determination and inflammation."

In considering the gradations of increased determination or fulness, Dr. Parry enters much into a consideration of the condition of the mucous membranes. In this division, the progress of what we shall take the liberty to call chronic inflammation in the mucous membranes of the nose and pharynx, the bronchia, and intestinal canal, are well marked, with the consequences of that inflammation continuing, or assuming a more acute form; and the frequent sufferings of the patients from a mistaken opinion of the causes of catarrh, dyspnœa, dyspepsia, deafness, ptyalism, &c.

We have next a few remarks on the determination of blood to particular parts, at periods when increased action is necessary, on account of their increased functions.

"The turgescence of the generative organs is an illustration, by a healthy process, of the determination of blood to certain parts, intended to be followed by increased secretion or excretion. In

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rabbits, the skin of the orifice of the vagina becomes almost black, by extreme vascularity, during the season of heat; and in rams, at the usual rutting time, not only the testicles enlarge, but the skin about the inside of the thighs becomes of a florid redness. Castration, at this period, is almost uniformly followed by inflammation and death.

"The periods of menstruation in many females are preceded by pains about the back and loins, accompanied by a sense of great weight. These pains, which are owing to a great degree of turgescence in the hypogastric arteries and their ramifications, usually cease as soon as the natural discharge is fully established. This turgescence, and the gradual decrease from the sanguineous evacuation, seem to be demonstrated from the fact stated above."

This chapter concludes with some general remarks on ephemeral fevers arising from occasional fullness, which are relieved by copious perspiration. These processes, the author has observed, are not always extended over the whole surface, but often confined to individual members.

These considerations necessarily lead the author to the doctrine of Stimuli and Sympathies, as the only means by which impressions can be excited in various parts, or on the whole machine, so as to induce them to set up new action. To explain this, as far as it can be detected, a knowledge of the structure and functions of the nervous system is required, and the epitome given by our author is alone enough to give currency to his work. Considered as an epitome, our readers will not expect any attempt to shorten it. We shall, therefore, content ourselves with a few extracts, connecting them together as well as the nature of the subject will admit.

"Conformably (says Dr. Parry) to the true mode of philosophizing, we must begin with considering those animals which are most simple as to their faculties and structure, and thence extend our researches upwards to those which are more complicated and noble.

"In the conferva, there is no trace whatever of any alimentary canal. In the polypi, and many others, the greater part of the body is a tube, adapted for the reception of food. The substance, of which these animals are composed, is an uniform, pulpy, gelatinous, and somewhat granulated mass.

"In the classes of animals next above them, in which there is the superaddition of sanguiferous vessels, the gelatinous mass is divided into knots; from each of which arise evident nervous filaments, going to different parts of the body, to which the number of these masses or knots is proportioned.

"MM. Gall and Spurzheim consider these knots as true ganglia, each of them, with its out-springing filaments, constituting a distinct nervous system; and the several nervous systems of the viscera of these inferior animals, as the types of those which

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should be found in animals of higher rank, having similar parts with similar functions.

"Such systems actually exist, and are those of the plexuses of the thorax and abdomen, and of the ganglia of the Great Sympathetic or Intercostal nerve.

"The existence of these systems in animals, which have neither brain nor spinal marrow, clearly demonstrates that they do not originate from either of those parts; but that they are independent systems, derived from their own gelatinous masses, and each having its own peculiar functions; although, conformably to the opinion of various physiologists, and more especially Bichât, these ganglia communicate by nervous filaments with each other, with the spinal marrow, and with the brain.

"In reality, in proportion to the rank which created beings are intended to hold in the scale of existence, and the additional functions which are suited to that gradation, new parts are added; which, for the purposes of minutely varied and reciprocal influence, require numerous communications between each other and the whole.

"On this principle, we can easily understand why the system of ganglia of the great sympathetic nerve in the thorax should have its origins and functions distinct from those of that in the abdomen; and why each should have its several communications, by nervous filaments, between its own several parts, as well as with those in the abdomen, in the spinal marrow and brain.

"Ganglia and plexuses, though they differ in size, form, and colour, are every where penetrated with blood-vessels, and contain gelatinous matter, which may be considered as being of the same nature with the cineritious or grey substance, abundantly existing in other parts of the nervous system. All swellings, containing nerves and grey substance, are ganglia.

"As, wherever white nervous filaments exist, whether in what is called nerve, spinal marrow, medulla oblongata, cerebellum, or cerebrum, grey substance is found at their origin, MM. Gall and Spurzheim conclude, that these filaments are generated by it; whence they denominate it the Matrix of the nerves.

"Conformably to this view, it will be found, that white filaments not only originate from grey substance, but, wherever they pass through or come in contact with it, receive from it additional filaments; in consequence of which their bundles increase in size; so that nerves may be considered as virtual cones, of which the apices are towards the first origins."

We confess ourselves not perfectly reconciled to these terms, *origin* and *Matrix*. The first, though it may be sanctioned by its application to muscles, where it means only one extremity, yet, as there was a time when it was thought that the nerves *derived* their *origin* from the brain, we could wish it was now discontinued. On this subject we have before offered our opinion. The term matrix is still more objectionable;

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jectionable, as it has a poetical air; yet we admit it would be difficult to find a better term, or, perhaps, any other single word whatever for a part whose office seems to be to give nourishment to the nerves.

"Each side of the spinal marrow is considered as made up of a succession of continuous ganglia, consisting of grey substance, which exists within a regularly disposed form, and from knots or swellings in which, visible throughout its whole length, in all animals in which this part exists, arise nervous filaments. At each of those swellings the filaments emerge, above and below, or before and behind, relatively to the natural position of the animal; and equally on the internal and external face of each swelling.

"These swellings, or ganglia, are greatest where the nerves arising from them, conformably to the functions of the parts which they are to supply, are largest."

From the peculiar property of those nerves to which we attribute the organs of the senses, and the well-known parts of the brain with which they are connected, and from this some other arguments, Dr. Parry seems disposed to admit, without entering into the discussion, that certain parts of the brain may have certain properties peculiar to themselves. At all events, he pays that compliment to genius, industry, and fidelity, which, we doubt not, must hereafter be echoed in other quarters.

"This short abstract will serve to give as general a notion of the anatomical view of the nervous system, by MM. Gall and Spurzheim, as is consistent with the object of this work.*"

In considering those motions which are deemed involuntary, the author shows that we have no certainty that a nervous influence is necessary; still less than any communication with the brain is required. It is true, in the various complication of ganglia and nerves, that almost every part will sympathize with another; but this is found in animals that have no brain nor nerves. Even in man,

"That the communication by nerves is unnecessary to motion connected with sensation, is evident in the case of the iris; which does not move by any known stimulus applied to its own fibres,

"* Those, however, who would study it in the detail which it deserves, must laboriously dissect from the very accurate plates of those authors, accompanying the first volume of their 'Anatomie et Physiologie du Système Nerveux en général, et du Cerveau en particulier;' after having carefully perused the descriptions and reasonings in that work, and in another, by the same authors, entitled 'Recherches sur le Système Nerveux en général, et sur celui du Cerveau en particulier;' both of which may be considered as models of profound investigation, and luminous exposition."

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but suffers elongation by the influence of light, and, I believe, light only, on the retina, with which it has no nervous communication.

"On the other hand, that the intervention of the brain is not necessary to the association of certain muscular movements from slight irritation on a distant part, such as usually produces sensation, is evident from the case of a fœtus, in which there was not the smallest vestige of a cerebrum or cerebellum, but which, even twenty hours after birth, moved up its knees, when the soles of its feet were tickled, sucked my finger, when introduced into its mouth, and a few hours before, had passed fæces and urine, and swallowed food. It is true, that, in this case, there were a spinal marrow and medulla oblongata; but the same motions are recorded as having occurred in another example, in which both these parts, as well as the brain, were totally wanting. From the great resemblance, in other respects, in all the cases of this kind, there is no reason to doubt, that the relation of this fact was strictly true."

This chapter concludes with some remarks on Sympathies and on Automatic or involuntary Motion.

The mental faculties are next considered, first, as connected with the senses; and, next, as both are influenced by the structure and peculiar condition of various organs. After dismissing, with the levity to which, in our opinion, it ought to be consigned, the fanciful lengths to which the science of temperaments, as it is considered by some, have led some modern philosophers, the names of Gall and Spurzheim are introduced with becoming modesty.

"Of late (says Dr. Parry) the physiologists whom I have before quoted, have viewed the subject in another light; and have endeavoured to show, that the capacity for the respective arts and sciences, as well as the sentiments, moral tendencies, and other intellectual faculties, are connected with the comparative proportions of certain parts of the convolutions of the brain, and indicated by the proportions of corresponding parts of the cranium.

"These conclusions, which are illustrated by those physiologists with great force of demonstration, have not hitherto received the sanction of general experience. But to deride them solely on that account would be highly absurd; since we are justified in concluding, that, as it has pleased Providence to make an organized material substance the medium of all the mental faculties, these several faculties may depend, for their existence, on certain parts of the organized mass, and for their degree, on the proportion of those parts."

The consideration of the brain and nerves, naturally introduces us to what is called "the Nervous Constitution," which Dr. Parry attributes principally to a too great determination of blood to the brain, or to certain nerves. In this chapter are included all that variety of complaints so generally, but, we must admit, indolently, consigned to the com-

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mon term of nervous; vertigo, spasmodic asthma, hiccup, noises in the head, pains in the same; epilepsy, to which several pages are devoted, abounding with useful remarks; convulsions, subsultus, muscular twitchings, tremors, chorea, stammering, shaking palsy, wry neck, tetanus, rabies, sopor, hysteria, hypochondriasis, insanity, dreaming, febrile delirium. All these are attributed with only a few qualifications to excessive impetus of the blood to the brain. The author admits the proof is not unattended with difficulties, and that, in some instances after death, no particular fulness of the vessels, or other marks of this increased impetus, can be detected; but this, he conceives, may arise from the confined locality of the increased momentum, the temporary nature of the paroxysms, and from the increased impetus having ceased in *articulo mortis*. The enumeration is continued to catalepsy, hydrocephalus, hæmeplegia, apoplexy.

The same condition of the spinal marrow or nerves, induces, in the author's opinion, paraplegia, or paralysis of the lower limbs, when unconnected with mechanical pressure; sciatica, affections of the ulnar nerve, tic douleureux. As this last concludes the chapter, we shall transcribe the passage.

"To this head, also, (says our author,) may, probably, be referred that painful disorder called Tic Douleureux; which seems to occupy the extreme ramifications either of the facial nerve, or of the second or superior maxillary branch of the trigeminus. All the circumstances induce me to attribute this pain to increased vascularity, or determination of blood (perhaps amounting to inflammation) to the neurilema, or vascular membranous envelope of those nerves. I form this judgment, first, from the strong analogy which the case itself bears to those before mentioned, in some of which dissection has demonstrated the cause: Secondly, from the extension of the disorder to the branches of more than one nerve in the same patient, which can scarcely be produced, but through the medium of common blood-vessels; since there is no evidence to prove the extension of pain, by pure sympathy, to anastomosing branches of nerves derived from different trunks: Thirdly, from the disposition in this pain to be increased or diminished by those means, which increase or diminish the motion of the heart: And, lastly, from the resemblance of curative effect produced on it, in common with those diseases, which evidently arise from excessive sanguineous determination, by certain remedies, such as abstraction of heat, eau medicinale, and arsenic.

"To me it seems, that this conclusion is much supported by the result of the operation performed by Dr. Haighton, although a different inference is drawn from it by that acute physiologist. The circumstances, which he relates, rather prove the division of the arterial branch supplying the affected ramification of the trigeminus

minus nerve, than the division of that ramification itself. This conclusion is farther strengthened by the fact, which has occurred in some other cases, of a return of pain after the functions of the divided nerve have been restored by a regeneration of its substance; since it will readily be allowed, that, as the new nervous formation is the result of a certain action of blood vessels, or capillaries, the morbid state must be produced by the same agents."

As an additional proof of one common origin of diseases, viz. the increased momentum of the blood, the author instances the peculiarities of certain families, the individuals of which were liable to disease in different parts of the same organ, or in different organs, but all of them evidently arising from this cause.

"Thus, (says he,) with regard to the head, I have known one person maniacal, a paternal cousin hæmorrhagic and epileptic, and almost all his children subject either to epilepsy, head-ach, bleeding at the nose, or hydrocephalus.

"In another family, the mother was epileptic, a son laboured under long and excruciating head-achs, and a daughter died of hydrocephalus.

"Of two sisters, one was liable to eruptions on the face, the other to flushing heat of the whole head, and violent nervous affections, without eruption.

"Of two other sisters, one died at adult age of hydrocephalus; and the other had a florid complexion, was greatly disposed to head-ach and hysteria, and had suffered a violent attack of erysipelas of the face and head.

"In another family, a young female had head-achs, great flushing in her face, and bleeding at the nose; her sister was highly nervous and irritable, and two brothers were maniacal."

This argument is further strengthened by what the author calls, "Relation of Diseases by extension," and by remote changes: these constituting the contiguous and remote sympathy of Mr. Hunter, and by relation of diseases by conversion, where the sympathy is dissimilar from the mode of action in the parts under disease. These conversions, the author shows by several instances, are sometimes spontaneous, at others the effect of remedies.

This chapter concludes with the following summary.

"It will have been observed, that the changes above related, include the following maladies; which, exclusively of those arising from the influence of mechanical causes, or of infectious or other miasmata, are the principal to which the animal frame is liable.

"First, excessive determination or momentum of blood to the skin.

"Sweating, scarlatina, measles, erythema, erysipelas, and all the forms of eruptive diseases.

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"Secondly, to mucous membranes.

"Coryza, catarrh, whooping cough, croup, sore-throat, peripneumonia notha, catarrhus senilis, bronchitis, asthma; aphthæ, dyspepsia, diarrhœa; and various other disorders of the villous coat of the alimentary canal; strictures in the urethra, œsophagus, colon, and rectum; gleet; fluor albus; catarrhus vesicæ.

"Thirdly, to serous membranes.

"Phlegmon; pleurisy; pericarditis; peritonitis of different parts, constituting enteritis, puerperal fever, &c.; inflammation of the tunica vaginalis testis.—To synovial membranes, producing arthritis; together with the effects of these several states, anasarca, hydrothorax, hydropericardium, ascites, hydrocele, effusions into joints, adhesion, anchylosis, &c. &c.

"Fourthly, to various other membranes.

"Of the spinal marrow or nerves, paraplegia, sciatica, tic douloureux, &c.—To the epithelion, deafness.

"Fifthly, to glandular parts.

"Cynanche parotidæa, or mumps; swelling and other disorders of the thyroid gland, mammæ, testicles, prostate, and various other glandular parts; phthisis pulmonalis; atrophy.

"Sixthly, To the head.

"Head-ach, vertigo, sleeplessness, common nervous affections, mania, delirium, convulsions, hysteria, epilepsy, catalepsy, inflammation of the pia mater, or arachnoides; together with their occasional sequelæ, hemiplegia, apoplexy, hydrocephalus, and other effusions.

"Seventhly, to other parts in various forms.

"Peripneumony, enlargement of the heart, liver, spleen, kidnies, testicles, and uterus, with or without inflammation; fungus hœmatodes, ophthalmia, cataract, amaurosis.

"Eighthly, various increased natural discharges, not already specified.

"Ptyalism, diabetes, lachrymatio.

"Ninthly, morbid depositions, not above arranged.

"Scirrhosities, indurations, ossifications, chalk-stone, biliary and renal calculi, and other hard deposits in different parts.

"Tenthly, hæmorrhages.

"From serous, mucous, or other membranes, or parenchyma: as from the nose, uvula, fauces, lungs, stomach, intestines, kidnies, bladder, uterus, vasa deferentia, skin, liver, &c. To which may be added, the various forms of purpura.

"Such are the chief examples, which occur to me, of diseases, in which increased impetus, momentum; or determination of blood, forms one essential link in the series of previous phenomena or causes.

"In what particular cases they depend merely on excessive local momentum, and in what there is the coincidence of increased action of the heart, it may be difficult, in every instance, accurately to decide. The same symptoms may arise under both states; but, as inflammation, hæmorrhage, and dropsy, may occur without ex-

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cessive action of the heart, and yet usually exist in the greatest degree, when that action is greatest; so, probably, cæteris paribus, the same may be asserted under the condition of increased local impetus, without inflammation. Farther light will be thrown on this part of the subject, when we come to the more particular consideration of the phenomena of the several diseases arising from this general cause."

A short chapter follows on the "Defective Determination of the Blood." The consequent diseases are, as may be supposed, few; they are, however, sufficiently marked.

Some remarks succeed on the "salutary processes." This part is less connected, and, in some instances, to us very unsatisfactory. Indeed, it has ever been our wish, to avoid as much as possible a too early recourse to final causes. On this account, when our author prepared us for some remarks on the shivering previous to a hot fit in ague, or symptomatic fever, we expected some suggestions concerning the cause of the cold which induced that shivering: instead of this, we have explained to us, that this muscular motion is a means of propelling the blood through the veins to the heart, where it is suggested that there may be an accumulation of heat. The struggling in hysteria, the convulsions in epilepsy, are explained in a somewhat similar manner. The whole of this chapter is more unconnected and miscellaneous than any other part of the work, which is easily accounted for, as there is no difficulty in proving that most diseased actions arise from attempts in the constitution or parts to restore themselves. But we should be careful how we extend this inquiry still further, and admit, with the author, that the advantage of civilization, by procuring an easy mode of subsistence, is a constant cause of inducing plethora, which must be returned by some means or other. Now it is certain, that those whose diet is the most simple, and whose labour the greatest, are often the subject of the most violent forms of inflammation. In the midst of all this, we meet with a very just remark on another order of pathologists, who refer every thing to the digestive organs.

"The particular diseases (says Dr. Parry) which are most apt to occur from the operation of the primary causes, without the concurrence of any observable specific causes of excitement, are, especially, those of the head and alimentary canal.

"These two maladies are often totally independent of each other; so that various determinations of blood to the head, usually called nervous, occur in thousands of instances, in which all the phenomena, constituting the digestive functions, are perceived to be in their just degree and order; and, on the other hand, various forms of dyspepsia often exist, without the least disorder whatever of the head."

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But, whilst we perfectly agree in the absurdity of imputing all diseases to one cause, we wish Dr. P. to be careful of imputing too much to the momentum of the blood. We mention this, because this chapter, the whole of which we have read with great satisfaction, contains so many good things that we are perpetually wishing they had been differently disposed. The greater part would make a most excellent string of aphorisms, but, considered as arguments and inductions, we have found many parts unsatisfactory.

A few remarks, as they appear to us, somewhat misplaced, as well as unnecessary, follow, on the excessive direct determination of blood from cold; after which we have the following recapitulation.

"First, that the far greater number of the diseases incidental to the human frame, depends, at some point or other of that succession of antecedent circumstances, which constitutes the chain of causes, on excessive momentum of blood, whether local or general.

"Secondly, that this momentum is not, necessarily, always excessive absolutely, that is, in relation to the usual state of perfect health in the mass of mankind; but relatively to the state of the individual at the period given.

"Thirdly, that many of those movements, which constitute what is called disease, and which, for the time, produce disorder of the different functions, whether of body or mind, are, in reality, processes, the general tendency of which is to restore health, and to prolong life; although, on particular occasions, their operation may be either defective on one hand, or excessive on the other; or may be even sometimes directed to parts, which seem, as it were, unnecessarily implicated in the vain and fatal conflict.

"The view which I have thus taken of animal pathology, is consonant to that simplicity which pervades all the other known operations of nature. The blood is the material from which, by the aid of its appropriate system of vessels, the animal is formed, its life preserved, and its health maintained; and by the immediate affection of the same system, it chiefly suffers disease, decay, and death.

"This theory is of a very different character from those which deduce the greater number of diseases from an assumed disorder of one particular viscus, or local function. It is founded on an observation of certain like phenomena, occurring in a system existing in every part of the body; and, therefore, constituting a law, under which are comprehended the affections, not of one part only, but of the whole frame.

"Neither is it at all incompatible with the opinions of certain ingenious pathologists, who would investigate the ulterior design of the several morbid movements of the animal system. On the contrary, while it admits, and even assumes, the general principle

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of salutary purposes, it tends to ascertain the means, or instruments, by which those purposes are effected.

The facts, by which the law has been illustrated or proved, have been, with a few specified exceptions, derived from my own experience. The results only, and not the particulars, have, for the most part, been given.

"For the pathological opinions, I am solely responsible, except where the obligation has been expressly acknowledged; and even with regard to the anatomy, little has been admitted which I have not myself verified by repeated dissections. The process, which I have followed, has been strictly conformable to the principles of science expressed in the commencement of this work.

"Various repetitions will have been observed; but where it is designed to establish the order, as well as the quality, of phenomena, such repetitions are absolutely unavoidable; since the same fact, or principle, must often necessarily form the nexus, or connecting link, of different series.

"What degree of accuracy there may be either in the notation or arrangement of the phenomena themselves, and, therefore, what truth in the theories, it will be for others finally to judge. No fact, unassigned to some other observer, has been admitted, which I have not myself witnessed: and since the operations of nature are as uniform as they are simple, it is probable that he, who, with adequate opportunity, candidly and diligently seeks for truth, will not be wholly disappointed in the pursuit.

"It still remains for me to show, how far the principles, which I have endeavoured to establish, accord with the causes and symptoms of the several diseases, on which I profess to treat; and, more particularly, with the most successful means of accomplishing their prevention and cure."

Such is the best epitome our limits would permit us to make of this truly ingenious performance. It cannot be expected we should do complete justice to such a work, nor that we should give our opinions seriatim on every part. We are further prevented from this, because, till our author enters more at large on the therapeutic part, which we are taught to expect in another volume, his whole system is not fairly developed. We shall, therefore, content ourselves with some general remarks of our own on the principal topics contained in the work, as far as it is given to the public.

That inflammation, in its various stages, in parts variously formed, is the most common cause of disease, we have no scruple in admitting, nor that inflammation is usually attended with encreased momentum in the blood. Equally ready are we to admit, that plethora is the most common cause of spontaneous inflammation, that is, of inflammation without external injury. We admit too, that what is found

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to be plethora under a change of action, in a part or the whole system, may have existed with little inconvenience as long as the common healthy actions of life are maintained. But, when a new action of any kind is excited, the increased momentum of the blood, and its determination to certain parts, becomes a source of disease, and the most common form of disease is either hæmorrhage or inflammation. About the age of puberty, when a large quantity of blood is necessary for the growth of the animal, if the quantity of blood is greater than the growth requires, hæmorrhage is very frequent: and provision is made for the external passage of blood by the number of superficial arteries in the nose and about the rectum. In more mature life, if plethora occurs from other causes, the uterus in females, and, in still more advanced life, the urinary organs in men, are the most common outlets.

Notwithstanding all these provisions, plethora will be sometimes determined to other parts, and the consequence will sometimes be hæmorrhage, where no provision is made for an outlet. The most serious of these is the head, and here the greatest provision is made by the relief from the nose, or, if that does not take place, by the quantity of venous compared with the arterial capacity in the brain and neighbouring parts. If all the vessels are overcharged, sometimes hæmorrhage and consequently apoplexy follows; but, more frequently, especially in early life, inflammation takes places. By this process, all the vessels, even the most minute, are strengthened by the effusion of coagulated lymph, as is evident by the increased firmness of the brain, as well as its increased vascularity always discoverable after death from these causes.

If, as is often the case, the determination is to the membranes of the brain, or any other membranes which line what are called cavities, these parts also are strengthened by the effusion of lymph which, uniting the membrane to the part in contact with it, prevents what Dr. Parry called the "relation of disease by extension." Such is the more usual, and may be called the healthy, mode of action in these parts, and is one form of Mr. Hunter's adhesive inflammation. But, if serous effusions are induced by inflammation, the form is changed to the erysipelatous, and there are no bounds made to the extension, but the limits of the membrane itself.

In mucous membranes, the first effect of inflammation is an increased secretion, which approaches nearer to serum in proportion as the inflammation increases. If it goes beyond that form, it approaches almost to the adhesive inflammation of the membranes which line the viscera. Coagulated lymph

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is thrown out, which adheres to the mucus surface, but does not unite the sides. Of this kind is the membrane effused in croup, the slough in scarlatina, caruncles in the urethra, and those effusions in the worst kinds of dysentery, which end in sloughs and consequent ulceration.

In this hasty view, we have noticed only the more violent forms of inflammation. The chronic, which, as far as we understand Dr. Parry, he conceives the most common causes of nervous diseases, are much too complicated for us to enter on. We are, however, ready to concede all that Dr. Parry requires on this head, and only wait for his next volume to instruct us in the mode of treatment, which must, at the same time, introduce a more minute detail of symptoms and their probable causes.

An Essay on the common Cause and Prevention of Hepatitis, or Disorder of the Liver, and of Bilious Complaints in general, as well in India as in Europe; with an Appendix particularly addressed to the Medical Profession, recommending the Old Submuriates of Mercury in Preference to those now in use. By CHARLES GRIFFITH, M.D. Deputy Inspector of Hospitals, and late Senior Surgeon to the Forces.—London: Highley and Son. 8vo. pp. 202.

WE know not why a surgeon should write on medical subjects with more apparent levity than a physician; but, certainly, there is a sportiveness throughout this essay, which does not perfectly accord with our grave notions of things, and almost induces us to remind the author, that, though surgeon to the forces, he is also M.D. Nor have we found quite novelty enough to authorize the publication of a book. The hints, numerous and useful as they are, might have been compressed into a few sheets in some compilation where, perhaps, they would be more generally read than in their present form.

The remarks on diet and clothing are such as have been urged very often, though we admit that we have met with some useful cautions on both these points. We cannot, however, quite reconcile ourselves to the urgent and indiscriminate recommending of exercise in warm climates, nor to considering the want of it as the most common cause of hepatitis. We shall offer a short extract on this subject, to show that the force of argument is not overlooked by the author, though it may be obscured to the reader by the unnecessary introduction of extraneous matter.

"Having fairly, however briefly, contrasted the habits of the Company's civil servants in the East with the Europeans of the West

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West India Isles, I must be allowed in support of the justice of my observations regarding the cause of this disease particularly in the East, to revert here to duties performed by a very numerous body of Europeans in the service of the India Company, with an exemption from this malady, equalling what is enjoyed in Jamaica or Barbadoes, the Company's military establishment will immediately occur to the reader, and afford to the unprejudiced mind further conviction of the cause of such exemption, and that this obstruction is not brought on by miasmata, but by a species of indolence, which exceeding indeed any I have witnessed elsewhere, I am willing to call *Indigenous Indolence.*

"Soldiers, it will be recollected, are fortunately compelled by the nature of their duties to make use of their own limbs, and as it would be rather awkward to scale a wall or storm a battery in palanquins, so a charge of bayonets, whilst carrying umbrellas over their heads, might prove inconvenient; nor, although they allow the assistance of their numerous followers in other matters, will our obstinate countrymen, when an enemy presents himself, consent to fight by deputy: thus then, whilst encamped, they do a number of things of necessity, and the consequence is, that, whilst they keep the field, recent bilious complaints are little known amongst them; but no sooner do these men return to garrison duty, and a state of relaxation, than they commence a participation with civilians in the fruits of indolence, although in a less degree; with this fact the surgeons, both of the line and in the Company's service, are so well acquainted, that a further reference becomes unnecessary.

"To adduce further proofs of the most common origin of inflammations of the liver, would, I think, be superfluous; and if some specious physiologist, who may have been long looking towards this monster in the moon, should be unwilling to yield his assent to a truth so simple as that I have stated, he will fall only into a common error without altering that truth.

"In all matters not quite self-evident, we are too apt to sally forth armed at all points for their encounter, equipped with our most formidable apparatus, and being determined to exhibit our profundity at least, we angle for the desideratum, as the learned Johnston did whilst deriving his monosyllables, i. e. with a five-fathom line, so that, passing the fry we seek, we plunge into deep water, whereas the subject of our enquiry, as Mr. Horne Tooke exhibited respecting the above, in his 'Diversions of Purley,' lies often within a foot of the surface. Many far-fetched theories have thus been invented for elucidating the cause of hepatitis, or the liver complaint of India; but it has fared with the most laboured of these, as it commonly fares with very complicated mechanical inventions, that they are too ingenious to be of practical utility."

The appendix being principally a collection of facts to show the advantage of the old mode of making calomel by sublimation six times, and also of other submuriates of mercury, cannot well be epitomized. There is, however, a very useful

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useful hint at the conclusion, which we shall extract for the benefit of our readers, especially as the experiment may be tried without injury to their patients.

"I could have adduced (says Dr. Griffith) an abundance of cases illustrative of the superiority of the old submuriates, and, in my judgment, perfectly conclusive, but I decline this, for the following reasons: if an author's assertions command credit, he wants not such addition; if they do not, cases will add little to their authenticity, although much to the size of his book, and this latter consideration alone is sufficiently weighty. And now, having offered all I proposed to point out in the foregoing pages, i. e. a more manageable tool than what is in use, and one that will forward a tolerable workman's intention with sufficient dispatch without cutting his fingers, I have no apology for detaining the reader further than whilst I make one practical exception to the general rule laid down concerning the deobstruent operation of mercury on the whole glandular system; and this applies to the enlargement of the spleen often accompanying, and often consequent to, remittent and intermittent fevers, in India called the Boss, in England Ague Cake. In this obstruction, I must confess, mercury, contrary to the above rule, is so insignificant, that I have sometimes on that account been almost inclined to doubt the glandular construction of this viscus, all other glands evincing its deobstruent power.

"Being first disappointed in two cases which occurred to me of this description at Calcutta, in each of which I had twice excited the salivary glands to no purpose, the enlargement still increasing, I was urged by the dread of suppuration to make trial of the succus conii inspissatus, which I persisted in, having luckily preserved some in my own little stores, until I had repeatedly affected the head, the tumor in both cases gradually lessening, until at length it was wholly done away. Had the above been insufficient to establish the good effects of the conium, the expedition to Walcheren (during and subsequent to which this disease prevailed but too fatally) afforded me ample proof of its efficacy."

We are ready to admit our frequent, perhaps we might say constant, disappointment in attempting to remove these enlargements by mercury; for, we very much suspect, that, in the instances in which success has followed this treatment, the tumors would have subsided, as we have found them do, without any remedies whatever. We are, therefore, very glad to be instructed in any mode of proceeding.

An Essay on the Gripes of Horses; by Bracy Clarke, F. L. S. and Natur. cur. Berolin.—8vo. Sold by the Author, London.

We have the happiness to live in an age, when this noble and truly valuable animal is rescued from the fangs of the

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ignorant and mere empiric. But this was not the only disadvantage attending its former condition. Many of the farrier's remedies were, doubtless, successful; yet, as long as mystery was preserved by them, the science never could be progressive.

The most serious, because the most rapid of all the diseases to which horses are liable, is gripes. In this little tract, Mr. Clarke shows, in a most interesting manner, the difficulties he for a long time encountered, in his attempts to arrive at the cause of sudden fatality. At length, a few dissections have given him complete information, and directed him in a mode of treatment, which, if attended to early enough, has not failed in a single instance. The remedy is easily prepared, but our medical readers will see the impropriety of offering it to those who are not competent to judge of the disease, and also of the causes which may interfere with the success of the remedy. We can, therefore, only recommend the perusal of this valuable paper to all such as undertake the veterinary art, either by itself, or with any other department of medicine.

Observations on the projected Bill for restricting the Practice of Surgery and Midwifery to Members of the Royal Colleges of London, Edinburgh, and Dublin; and to Army and Navy Surgeons: with some Modifications proposed, by which the Measure will be more compatible with the true Interests of the Public; and not oppressive to the present Race of Pupils for the Profession. By a GENERAL PRACTITIONER. —Bent, London. Pp. 31.

"Leave having been obtained towards the close of the last session of parliament, for the introduction of a Bill 'To regulate the Practice of Surgery and Midwifery throughout the United Kingdom of Great Britain and Ireland,' the proposed measure becomes a fit subject for discussion—bringing it fully and fairly before the public, if it has intrinsic merit, will be useful, and ensure it public support—and without intrinsic merit and public support, a measure so important, involving so materially *public health* and *individual rights*, cannot be expected to receive the sanction of an enlightened legislature, which assents only to wholesome laws for the good of the nation."

In considering these questions, the author divides his subject into the three following heads.

"First, the amount of what the Bill denominates, 'the usual fee' for the diploma, which may be demanded and received; and the qualification required for such diploma.

"Secondly, whether, while the public good requires that students

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dents of proved attainments only be in future allowed to commence practice in surgery and midwifery, the actual wants of the public will allow of such a diminution of educated professional aid, as may be expected to result from the exaction of the increased expenses and fees for obtaining the college diploma.

"Thirdly, whether it is just that the present race of students who have studied according to the late regulations of the Royal College, and who are equal to the test of a rigid examination, but whose pecuniary means are not equal to the increased hospital attendance and expenses, shall be excluded from two branches of a profession for which they have been regularly educated.

"As to the first question, 'the usual fee' for a diploma from the Royal College of Surgeons in London, is now thirty-two pounds ten shillings for a practitioner in or within seven miles of London, and twenty-two pounds for one beyond that distance;—to which amount, it was increased the year before last; when it was also regulated, that every candidate for examination should have attended an hospital for *one year*, instead of *six months* as formerly.

"In respect to the second question, it may be observed, that while the diploma of the Royal College remains, as at present, an honorary appendage only to the professional character (for it is not only unnecessary for country practice, but even in London a profession of *Surgery* adorns the showy fronts of the retail apothecaries' and chemists' shops uncontrouled by the College) no objection can be made to whatever may be the preliminary expense for obtaining it;—but, when the petitioners for this Bill are seriously asking parliament to enact, that the diplomatist of a Royal College, and an army or a navy surgeon only, shall, even in the most remote parts of the kingdom, or under any circumstances, afford surgical relief in bodily accidents, where the rapid strides of inflammation, if not arrested, may be fatal—or give scientific assistance in difficult emergencies in midwifery, which only may be able to save life, the expences of such diploma become of the first importance, and call for investigation. In many districts, it seems that no regularly educated professional man is now resident, within ten, twelve, eighteen, or even sometimes twenty miles; and, yet accidents occasionally occur—a scull is fractured—a limb is dislocated—an artery is wounded—and there may be the most urgent occasion for competent professional aid.

"To the public, then, the proposed measure must be injurious, if it unnecessarily augments the expenses, and, consequently, limits the supply of men of education and competence, as it must increase the cost of professional aid when obtained; according to the expense of qualification must be the remuneration;—according to the distance of the practitioner, must be the charge for his journies and attendance.

"To the public it must also be a *calamity*, if it unnecessarily interferes with *early* and *competent* relief, under the casualties which flesh is heir to. But is there any real necessity for increased

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attendance previously to examination, and for increased fees for the diploma when obtained?—ninety-nine out of an hundred of the present diplomatists of the Royal College, were only required to attend six months; and yet the Court of Examiners, under their hands and college seal, certify, that such members 'have been deliberately examined, and found fit and capable to exercise the art and science of surgery;' and they are authorised to practise the said art accordingly. Let it then be asked, are the three thousand one hundred and ninety* members of the Royal College now practising the art and science of surgery in London, or various parts of the world, under the authority of the said College, competent or not competent to what they undertake? If they are competent, can there be even a shadow of justice, or of reason, for making the expense of a diploma (when it is to be no longer optional, but a *sine-qua-non* for practice) nearly double?—unless, indeed, the Royal College means to say to Parliament that the human intellect has become so deteriorated,—that the capability of acquiring knowledge has so lessened, that double the attendance is now requisite for former acquirements, and to make a qualified practitioner.

"After every consideration of the subject, then, it does appear that the Royal College must have authorised their present diplomatists to practise, when their studies had been insufficient, and they were *not* 'fit and capable;'—that *energy* and *talent* with hospital students are no more;—or, that they have doubled the attendance for an examination for their diploma without any sort of necessity, while such increased attendance and expenses must be burthensome to most pupils, *ruinous* to some, and detrimental to the best interests of the public,—whose actual wants require, that the facility by which they may be supplied with educated and competent aid should be rather increased than diminished.

"The circumstance, also, of excluding from the practice of surgery and midwifery all those students whose pecuniary means may be unequal to the recent arrangement for obtaining the College diploma, and the check it must give to parents, who will fear to bring up their sons to a profession made so expensive and uncertain, must be deserving the consideration of government; as it may affect the first interests of the nation, while a possibility exists, at some future time, of fresh commotions in foreign politics, which may suddenly call for a large supply of professional aid for the army, navy, and colonies.†

"* The numbers of the diplomatists of the Royal College, according to the list officially circulated from Lincoln's Inn Fields during the present year."

"† The difficulty of obtaining sufficient surgical assistance after the expedition to the Helder in 1794, and at the commencement of the late war, must be yet within the recollection of some of his Majesty's ministers.

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"As to the *third* head of inquiry, it cannot be doubted that many students must be unable to comply with new regulations, so greatly adding to, and, in some respects, nearly doubling the cost of an already highly expensive education, who may have acquired much insight into their professional duties; and, after a winter's attendance upon an hospital and lectures (which at best may be only managed for them but with considerable difficulty on the part of their friends) be equal to give proof of competence, and become useful servants of the public; while it may be utterly impossible for them to have a year's residence in town, to pay a year's hospital fees, leading to a further fee of thirty-two pounds ten shillings, or twenty-two pounds for a diploma (now unnecessary); and thus their legitimate prospects,—the best hopes of themselves, and of their families, be sacrificed.

"Should the Royal College substantiate their position, that increased attendance and expenses are *now*, in general, found necessary for their diploma, it cannot be expected that *all* must want double opportunities of acquiring science for competency. Is, then, the assiduous, studious, and well-informed pupil to suffer—to be excluded from a profession in which he must be useful, and to which he may be an ornament, because some of his brother students, idle, dissolute, or without talent, require double the time and pecuniary expenditure for equal sufficiency.

"The second clause enacts, 'That every person who shall have been so examined, and shall have received such diploma or testimonial, under the seal of one of the said three Royal Colleges, shall be entitled, and shall have the right to practise surgery in any and every part of his Majesty's dominions, any law or custom to the contrary notwithstanding.'

"The third clause provides, 'That all and every person, or persons, who shall have been duly examined, and shall have obtained a testimonial or qualification as a principal surgeon in his Majesty's army or navy, and who shall have actually served in that capacity, shall be entitled to practise surgery in any and every part of his Majesty's dominions.'

"The propriety and justness of this clause cannot be doubted.

"The fourth clause says, 'Whereas, by a certain statute of the Parliament of Ireland, passed in the thirty-sixth year of the reign of his present Majesty, intituled, 'An Act for the further Regulation of Public Infirmaries or Hospitals,' it is enacted, That from and after the passing of that Act, no person should be capable of being elected surgeon to a county Infirmary or Hospital, who should not previously have obtained letters testimonial of his qualification, under the seal of the Royal College of Surgeons in Ireland; and that no other qualification or examination should be necessary to make any person capable of being elected surgeon to such Infirmary or Hospital: And whereas, by another Act, passed in the fifty-fourth year of the reign of his present Majesty, intituled, an 'Act to amend several Acts for erecting or establishing public Infirmaries or Hospitals in Ireland, so far as relates to the Surgeons

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or Apothecaries of such Infirmaries or Hospitals,' it is provided, that letters testimonial of the College of Surgeons in Ireland, shall be laid before the grand juries in the said Act mentioned previous to the requiring or making any presentment of any sum of money to be surgeon of any Infirmary or Hospital by such grand juries: And whereas, it is just and expedient that the provisions of the said Acts should be extended to the members of the Royal College of Surgeons in London and in Edinburgh; be it therefore enacted, That the Members of the Royal College of Surgeons in London, and of the Royal College of Surgeons in Edinburgh, shall be eligible to all the offices and appointments mentioned in the first recited Act, and shall be entitled to all benefits and advantages given and intended by the second recited Act, on the production of the diploma or testimonials, under the seal of their respective Royal Colleges, in the same manner as the members of the Royal College of Surgeons in Ireland have been, since the passing of the said recited Acts.'

"In an highly interesting essay, on 'the Present State of the Medical Profession,' it is observed, that, in Ireland, 'surgeons are restricted to *surgery* only, and interdicted from the practice of *pharmacy*, under the penalty of the forfeiture of their rights.'* There may, therefore, be considerable difficulty in making any law on the subject of surgery and midwifery, applicable to both countries; as in England, the state of society requires, and custom recognizes, a *general practitioner*."

The following is the clause relative to the practice of midwifery.

"Whereas surgical aid is frequently required in midwifery, and it is expedient that male persons so practising, should be qualified to render such aid, be it therefore enacted, that from and after it shall not be lawful for any male person to practise midwifery, unless he shall have obtained a diploma or testimonial to practise surgery under the seal of one of the said three Royal Colleges; or unless he shall have obtained a testimonial or qualification as a principal surgeon in the army or navy, and shall have actually served in that capacity."

Nothing can be more painful than the appearance of any occult design, in whatever relates to the practice of our art; and, if there is a part in which we ought most to avoid it, that part is midwifery,—an art in which every female will have her opinion, and, in which, if she finds herself treated with the insolence of secresy, she has a right to arm herself with suspicion on every side. Let us see what the preamble of the above clause would lead to: "Whereas surgical aid is frequently required in midwifery," &c. What would be

"* Kerrison's Inquiry into the Medical Profession, p. 50."

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the inference? The answer is plain—therefore, besides a knowledge of midwifery, those who are to be consulted on difficult cases should have an accurate knowledge of the anatomy of certain parts; and no person is fit to examine practitioners for midwifery without such a knowledge. Be it therefore enacted, that when the legislature shall appoint such examiners in midwifery, they shall be themselves examined touching their own qualifications, by competent persons, members of the said College of Surgeons. Perhaps our readers may laugh at this. So do we. But such amusement is innocent compared with the trick of gaining the profits of examination for midwifery, not because those who expect it are competent midwives, but because they understand one branch of science which is frequently necessary in that practice. No, we beg pardon, it is not the examination for midwifery, but an exemption from any such examination, provided they have a diploma in surgery, or, which is still better, provided they have served in the army or navy.

On these subjects we are open to conviction. What we have offered arises from the perusal of the tract before us: we shall be glad to see any arguments on the other side.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London. Vol. VII. Part I.—Longman and Co. 1816.

(*Concluded from p. 98 of our last Number.*)

History of a Case of Chorea Sancti Viti, occurring in an Adult, and cured in an unusual Manner. By Mr. KINDER WOOD, Member of the Royal College of Surgeons in London, and Surgeon in Oldham.

THIS is a very interesting, and (as the patient recovered,) not less entertaining, history. The disease was brought on, as far as we can judge, by long suckling, and, in our opinion, the cessation from that drain has hardly credit enough given it in the history of that cure. We shall not, however, enter more minutely into a case on which various opinions will be formed, but conclude with admitting that the history is worthy of recording, and of the space which it occupies in these memoirs.

Particulars concerning the Structure of a Monstrous Fœtus; by Mr. MAUNOIR, Professor of Surgery at Geneva.

Probably this monster may be different from any other on record. We are not disposed to hunt for authorities to confirm or refute such a position.

Observa-

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Observations on a Change of Colour in the Skin, produced by the internal Use of the Nitrate of Silver; by J. A. ALBERS, M.D. of Bremen.

Several instances of the above are produced, all well confirmed. The fact is highly interesting, and there is no reason to doubt the truth of any of the narrators. We shall not enter into any chemical inquiry into the cause, but content ourselves with remarking that we have not found sufficient reason to impute any great virtues to the remedy, and can, therefore, dispense with it without reluctance.

Such are the medical papers contained in this collection; the chirurgical, as we remarked, consist principally of bold operations, deserving of record, though without any important advances in the pathology of surgery.

Case of Un-united Fracture of the Os Humeri, treated successfully by the Seton; by JOSIAS STANSFIELD, Esq. Surgeon to the Leeds Infirmary.

This is a very great improvement in the mode of treating such a condition of the bone beyond the old practice of cutting down and rasping the broken ends.

History of a Case of Wound in the Face, requiring the Operation of Tying the Common Carotid Artery, which was performed with success; by CHARLES COLLIER, Esq. Surgeon to the Forces.

A case well worth recording, but which it cannot be necessary to describe.

History of a Tumor successfully removed from the Face and Neck, by previously Tying the Carotid Artery; by WILLIAM GOODLAD, Esq. Member of the Royal College of Surgeons, and Surgeon at Bury, Lancashire.

This case is still more interesting.

The tumour extended "from near the external canthus of the left eye, down the cheek to the infra-orbitary foramen and the root of the ear, which was elevated by the tumour, and, passing under it, it extended behind the mastoid process. Anteriorly, it extended to the chin, and to the trachea, which it partially covered, and hung pendulous over the clavicle. The circumference of the base of the tumour, when last measured, was twenty inches, since which period it had increased rapidly, but I regret not having ascertained its exact size; it must, however, from the space it occupied, have been at least twenty-eight inches.

"In the upper portion, comprised between the cornu of the os hyoides upwards to above the zygoma; the tumour in the base was as large as, or larger than in its middle or apex, but below this point,

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point, its attachment to the neck was less extensive; and, though hanging pendulous over the clavicle, its lowest connection with the neck, was three-quarters of an inch distant from that bone. On elevating the tumour in this lower space with a hand on each side, and passing the fingers at the same time under it, it might clearly be ascertained that there was no connection with the vessels: but, as it hung over the trachea, and was connected with it, it required a very careful examination to be convinced that they were not united. The cornu of the os hyoides was, however, moveable under the tumour, and independent of it; respiration was tolerably free, when in an erect posture, and, on passing the fingers forcibly between these parts, I was pretty well convinced that they might be separated. The œsophagus here was too deep to be implicated in the disease.

"Above the cornu of the hyoid bone, the base of the tumour was very extensive, and deep, impeding deglutition considerably. On directing the finger, passed into the mouth, towards the base of the ramus and angle of the maxillary bone, and into the fauces; the intervening substance appeared considerable, and authorized an opinion that the fauces would not be cut into, nor indeed exposed, by its removal. The submaxillary gland was pressed inwards, but did not appear enlarged or hardened, and the membrane of the cheek was also healthy, though the tumour appeared in contact with it.

"The disease commenced behind the angle of the jaw, and now extended beyond the mastoid process, and was so closely connected with the subjacent parts, that the finger could not be passed under it. Its connections here, therefore, were only to be ascertained by collateral circumstances; and, as the whole site of the parotid gland was covered by it, it became a question worthy of serious consideration, how far that substance was enveloped in the disease, particularly as it had been stated on most respectable authority, that its removal was impracticable. The patient's being able to open the mouth and masticate, was a complete proof, that if the whole substance of the gland were diseased, it had become dragged from its situation by the weight of the tumour, and that the tumour itself did not dip into the fossa behind it. Yet every other circumstance rendered it certain that the parotid gland was enveloped in the disease, which was indeed verified in the operation. But the extent of the disease here became of less importance if the carotid artery were previously secured, as I intended. I ought to have observed, that the tumour was perfectly moveable, though its motions were very limited, and that it had, therefore, no bony attachment either to the jaw or to the zygoma.

"The surface of the tumour was divided into large tuberculi, and the apex of each tubercle was rendered more prominent by a collection of fluid: it was fleshy, but had neither the hardness nor any other external character of carcinoma. There was no absorbent gland affected in its neighbourhood, and, though ulcerated in two points, one of which was extensive, the aspect of the ulcer was

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not forbidding, being partially granulating and partly sloughing. Fungus hæmatodes was, therefore, not to be dreaded. Yet a discouraging circumstance arose from a charlatan's having, as he believed, succeeded in removing the complaint by the knife, at an early period of its history, on which occasion the hæmorrhage was very alarming. After a short time, the disease reappeared, and had only been nine months in attaining its present enormous size. Large varicose veins spread over the surface, and as the skin was uniformly diseased, ulceration might be expected to extend to them, and hæmorrhage to be an inevitable consequence."

The great objection to the operation was the danger of hæmorrhage, to prevent which, no certain remedy occurred but previously securing the carotid artery, which it was expected would also prevent any interruption to the operation from wounding the smaller blood-vessels. We shall not detain the reader by a description of the first operation, that of tying the artery, because, we presume, any surgeon hereafter, who wishes to repeat it, will consult this and all the former accounts. It is, however, well described, and under many difficulties proved successful.

The tumour being of the incysted kind was more easily managed, the greater part being detached by the fingers only. When the knife was necessary, a considerable quantity of venous blood flowed, (we have often suspected that these tumours are fed chiefly by veins,) but very few ligatures were required. The wound was more readily healed than could have been expected, considering its extensive surface, and that sufficient healthy skin could not be preserved to cover the whole.

History of a Case of Aneurism of the Femoral Artery, for which the Operation of Tying the External Iliac Artery was performed; by CHARLES COLLIER, Esq. Surgeon to the Forces.

This aneurism was the effect of a gun-shot wound, which had penetrated as far as, and seemed to remain in contact with, the artery for more than two months. The integuments had healed before the case was suspected. Soon after the operation, all the symptoms that might be apprehended from the deprivation of blood appeared in the limb, and the patient died on the third day after. The following is the account of the dissection.

"On opening the abdomen in the usual manner, there appeared a general flush of the intestines; the reflected peritoneum was of its usual transparency, and the cœcum was adhering to it by lymph over the iliac muscle. The ligature was on the artery close to Poupart's ligament, about an inch below the giving off the circumflex, and some quarter of an inch from giving off the epigastric.

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The wound of the operation was made as I intended. There was a small communication between the femoral artery and vein at the side of the tumour, about an inch and a half below the origin of the profunda; on the superior part the covering of the aneurism was formed by the sheath of the vessels, and the fascia of the thigh. The profunda was neither thickened nor enlarged. The whole limb was in a state of gangrene."

A Case of Ossification and Bony Growth of the Cartilages of the Larynx, preventing Deglutition; by FRANCIS TRAVERS, M.D. of Newark, Nottinghamshire.

This case is well worth recording, which is done with equal judgment and modesty, but no practical inferences can be drawn from it.

Case of Gun-shot Wound of the Shoulder Joint, where the Head of the Os Humeri, together with Parts of the Humerus, were successfully removed; by WILLIAM RICHARD MOREL, Esq. Surgeon to the Forces; Surgeon to the York Hospital, Chelsea; and Surgeon to the Westminster Hospital.

Observations on the Treatment of Varicose Veins of the Legs; by B. C. BRODIE, Esq. F. R. S. Assistant-surgeon to St. George's Hospital, and Lecturer on Surgery.

The improved treatment here proposed, and which the author has found successful in several cases, four of which are related, consists in making a small incision in the integuments, cutting through the varix, and then bringing the segments of the skin together by adhesive straps. This certainly seems an improvement on the ligature, the ill effects we have had occasion to record in a former number. Mr. Brodie concludes his paper with the following remarks.

"From the result of the foregoing and of many other cases, I am induced to conclude, that the operation which has been described, may be frequently employed with great advantage to the patient. At the same time I wish to be understood as recommending the adoption of it, not indiscriminately, but with a due attention to the circumstances of each individual case. The cases for which it is fitted, are, not those in which the veins of the leg generally are varicose, or in which the patient has little or no inconvenience from the complaint, but those in which there is considerable pain referred to a particular varix, or in which hæmorrhage is liable to take place from the giving way of the dilated vessels, or in which they occasion an irritable and obstinate varicose ulcer."

We perfectly agree with the author, that if the varices are unattended with pain, we should neither propose this nor any other operation.

The second part of this volume is now published, and shall be noticed in an early Number.

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Practical View of the principal Chirurgical Operations, founded on his own experience; by C. KLEIN, M.D. Physician to H. M. the King of Wurtemburg. Fascic. I. with 18 engravings. 4to. pp. 80. 1815.

THIS work may be considered as one of the most valuable enrichments surgery received during the last destructive war. In the year 1814, the author had the direction of three field hospitals, in which were above 2500 Russians, among whom were about 1900 dangerously wounded: he communicates, in this fasciculus, the results of the amputations, which were here undertaken under such favourable circumstances, that only 10 died of 109 that suffered amputation. The amputation of the arm from the shoulder-joint was performed by him six times with the best success.

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

ROYAL SOCIETY.—Mr. HATCHETT communicated a process for sweetening musty corn, in a letter to Sir Joseph Banks. Several years ago, this philosopher was engaged in researches into the quality and products of wheat and barley, in consequence of which he discovered that musty grain, which was so bitter as to be totally unfit for use, and which could scarcely be ground, might be rendered perfectly sweet and sound by simply immersing it in boiling water, and letting it remain till the water became cold. The quantity of water in this case was always double that of the corn to be purified. Mr. H. found that the musty quality rarely penetrated through the husk of the wheat; and that, in the very worst cases, it did not extend through the amylaceous matter which lies immediately under the skin. In the hot water, all the decayed or rotten grain swims on the surface, so that the remaining wheat is effectually cleaned from all impurities, and this, too, without any material loss. The wheat is afterwards to be dried, stirring it occasionally on the kiln, when it will be found improved to an extent which can scarcely be believed without actual experience. The immense quantities of musty corn now in merchants' warehouses or granaries belonging to farmers, render these experiments highly valuable at the present crisis; and it is not doubted that, whatever may be the cavils of ignorance and inhumanity, the good sense of all those interested will lead them to adopt so easy, cheap, and effectual a means of rendering their wheat or other grain from 10s. to 40s. a quarter more valuable.

Dec. 12.—The President, happily, was again able to resume his chair, after a more severe return of his complaint than he has experienced these two years.

Proceedings

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Proceedings of the Society of Professors of the Faculty of Medicine at Paris.

Curious Case of the general Transformation of the Thoracic and Abdominal Viscera; presented to the Faculty of Medicine of Paris at the Sittings of Thursday the 12th of December, 1816, by Dr. Beclard, one of the Members, and Chef des travaux Anatomiques de la Faculté de Medicine.—The subject exhibited to the Faculty was a woman aged about 50: the thoracic and abdominal viscera were generally changed from left to right, and *vice versa*. Thus, the right lobe of the lungs, the venæ cavæ and their sinus, the vena azygos, the brachio-cephalic artery, the liver, the pylorus, the duodenum, the end of the mesentery, the cæcum, &c. were on the left side; while the point of the heart, the left lobe of the lungs, the great subclavian, the thoracic duct, the aorta, the spleen, the large extremity of the stomach, the pancreas, the beginning of the mesentery, the sygmoid flexure of the colon, &c. were on the right side, &c. &c. The bottom of the uterus was inclined to the right, as is the ordinary case; and the beginning of the rectum to the left, as is most frequent. The lateral flexion of the dorsal region of the spine was, as usual, concave on the left and convex on the right. The diameter of the axillary artery, and the size of the arm of the same side, were larger than the artery and member of the opposite side.—This is the third case, of the same kind, which M. Beclard has observed in the course of his practice. He concludes, from these facts and several others, relative to the direction of the spine,—1. That there are primitive or original malconformations. 2. That the general transposition of the viscera from right to left, and *vice versa*, is perfectly compatible with life and health. 3. That it requires great care, in exploring the disorders of the breast, not to take a case of transposition for a disorder of the left side of the breast, which had driven the mediastinum to the right. 4. That the transposition in question exists in perhaps the proportion of 1 to 4 or 5000 individuals. 5. That the predominance of nutrition and ordinary action of the right arm does not depend exclusively on the fact of its receiving more directly the blood of the aorta. 6. That the ordinary lateral flexion of the spine does not depend on the pressure of the curve of the aorta, but very probably on the preponderance of the quantity of action of one arm over that of the other. 7. That extraordinary lateral flexions, as those of the hunch-backed, depend on the same cause, or on an inequality in the length of the lower members, acting on the soft bones.

M. le Roux read a Memoir on the Cure of Paralysis by *Nux Vomica*. A conversation arose, in which the Baron Larrey doubted the fact of paralysis in the case in question; and the opinion of most of the members seemed to be, that it was only a slight paralytic affection at the most.

Another Memoir was read, on the quantity of Corrosive Sublimate taken by a Man, the effect of which were transferred to his wife, who died after him in the hospital.

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The Baron LARREY read the commencement of a Memoir on the Cures of Coxalgie and Rachalgie, as he denominates them, viz. the spontaneous luxation of the os cocygis and the caries of the spine, by the application of Moxa. He exhibited drawings of various cases, and a patient at this moment under his hands, but nearly cured. The caries in the spine has lowered his stature two inches: three of the vertebræ were carious; and the number of applications of moxa found indispensable to triumph over the disorder, hitherto supposed mortal, was twenty-seven, of which we counted the scars. The patient appeared much reduced, and, at present, cannot stoop forward or move the vertebræ without excessive pain; but the caries is completely destroyed, and the action of the vertebræ will, in time, be resumed without pain.*

[We cannot help expressing our surprise at this expectation. It has been ascertained in London, that, whenever a cure takes place in carious spine, it is by anchilososis, and the spine in that part remains inflexible for life.—EDIT.]

Central Committee of Vaccine at Paris.—The annual sittings of the Committee was held at the Faculty of Medicine, on the 2d of January, 1817, under the Presidency of M. Becquey, Under Secretary of the State Department of the Interior—Honorary President the Duke de la Rochefoucauld. After a discourse of the Under Secretary of State, on the object of the sittings, Dr. JUDELOT, the President in ordinary, and Dr. HUSSON, Perpetual Secretary, made a Report on the state of Vaccine in France for the year 1816, of which the following is an extract:—

"Notwithstanding the calamities of every kind which have weighed upon France in this disastrous year, the zeal for the propagation of the vaccine has not cooled. Every day the people of the capital, and those of the provinces, familiarize themselves still more with this salutary practice. Every where vaccination is practised gratuitously. There is scarcely a village which does not profit daily of this happy preservative. Individuals rival each other in zeal to administer it. Physicians and zealous surgeons, and even persons unacquainted with the art of healing, magistrates, advise and recommend the vaccine, encourage or practise it themselves, with an assiduity worthy of the highest praise.

"In seventy-two departments of which we have received the returns, the number of vaccinations, in spite of the numerous obstacles occasioned by events, has exceeded one-third of the births; that is, of 626,641 children, born within the year, there have been vaccinated 251,116.

"The measures adopted by the first authorities, in the departments, have powerfully concurred to the success that has been ob-

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* The Baron Larrey has promised us an extract of his Memoir, for the Medical Journal, which we hope to give in our next.

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tained, and are of a nature to produce still greater in happier circumstances. Several Prefects have ordered lists to be made out of all those who have not had the small-pox, and have not been vaccinated: they have obliged the nurses of foundlings to present a certificate of vaccination of the children, before they can receive them. Similar obligations have been imposed on the heads of seminaries. Prisons, and houses of detention, are subjected to the same rules; and the execution is placed under the responsibility of the keepers, or those charged to superintend them. The *sisters of charity*, midwife pupils, are commanded to learn the practice of the vaccine; and the *offices of benevolence*, in the distribution of the public succours, have particular regard to this grand object of all the friends of humanity.

"In the case that the small-pox manifests itself in any place, the parents, or all persons responsible, are bound to make a declaration of the same within three days, in order that efficacious methods may be taken to prevent contagion; and convalescent individuals cannot leave their houses without the certificate of a physician, attesting that there exists no longer any danger of contagion.

"Independent of the prizes, medals, and rewards given annually by government, several prefects have bestowed premiums to persons who have displayed the most zeal in seconding their efforts towards this part of the public good."

At the end of the sittings, his Excellency the Minister of the Interior, represented by the Under Secretary of State, M. Becquey, distributed the prizes instituted in favour of persons who have inoculated the greatest numbers, and who have obtained the greatest success in the propagation of vaccine in 1815, in the following order, viz.

The first grand prize, of the value of 3000 francs (120 guineas), divided between M. Charret, physician at Bourges, who had vaccinated within the year 3,512, and M. Rainaud, physician at Montaubon, who had vaccinated 2018.

The two second prizes, of 2000 francs each, divided between—1, M. Salles, of Valogne, who had vaccinated 2002; and M. Messant, of Aigurande, 1893. 2, M. Serrieres, of Nancy, who had vaccinated 1644; and M. Barry, of Besançon, who had performed 1535 vaccinations.

The three other prizes, of 1000 francs each, were divided between—1, M. le Comte de Neufchateau, 1473; and M. Cazals, of Agde, 1466. 2, Messieurs Giot-Dupré, of Rouen, 1427; and Menard, of Lunel, 1222. 3, Messrs. Courbassier, of Dagnols, 1105; and Noel, of La Chatre, 1048.

Besides these premiums, were given 100 medals of encouragement to as many persons, who had displayed considerable zeal, and vaccinated under 1000 each.

With the above account we are informed of a Mr. Charles Dunne, who asserts that he is appointed by the Vaccine Committee of England, with an establishment of 200l. per annum, to

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vaccinate in France. It is of high importance to the honour of the English Vaccine Committee, to wipe off such a stain. The French have no need of English vaccinators; and it cannot be believed that the English Vaccine Committee would offer such an insult to the French nation and French physicians. We hope that this man has not improperly used the name of the Committee, which, it is trusted, will, in its own vindication, make known its instructions to Mr. Dunne, and in what manner they were obtained.

[We wish to know what Vaccine Committee our Parisian correspondent refers to.—Edit.]

We are glad to find the subject of Craneology brought to that tribunal at which it is likely to be fairly canvassed. Dr. Spurzheim's class increased so much in the northern metropolis, that the Edinburgh reviewer, with a proper sense of decency, felt ashamed of contending on such unequal ground—himself anonymously, and Spurzheim with his name. He therefore required of Dr. Gordon to defend himself in his own character. This has produced the book we announced in our last number; to which, we are informed, Spurzheim has already printed an answer. The former we have received, and, when the latter arrives, shall compare the two, and give the result to our readers. At the same time we conceive it as a duty the Edinburgh reviewer owes to the public and to Spurzheim, that the same publicity should be given to the defence of the German professor as the attack against him received, and in the same publication.

Improved Method of making Bread.—Mr. Edmund Davy, of the Cork Institution, has communicated the following important facts to the public in The Munster Farmer's Magazine.

"The carbonate of megnesia of the shops, when well mixed with the new flour, in the proportion of from twenty to forty grains to a pound of flour, materially improves it for the purpose of making bread. Loaves made with the addition of the carbonate of magnesia rise well in the oven; and, after being baked, the bread is light and spongy, has a good taste, and keeps well. In cases when the new flour is of indifferent quality, from twenty to thirty grains of the carbonate of magnesia to a pound of the flour will considerably improve the bread. When the flour is of the worst quality, forty grains to a pound of flour seem necessary to produce the same effect.

"As the improvement in the bread from the new flour depends upon the carbonate of magnesia, it is necessary that care should be taken to mix intimately with the flour, previous to the making of the dough.

"I have made a great number of comparative experiments with other substances, mixed in different proportions with the new flour. The fixed alkalies, both in their pure and carbonated state, when used in small quantity, to a certain extent improve the bread from the

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the new flour: but I have found no substance so efficacious in this respect as the carbonate of magnesia.

"The greater number of my experiments have been performed on the worst new seconds flour I could procure. I have also made some trials on seconds and firsts of different quality. In some cases the results have been more striking and satisfactory than in others—but in every instance the improvement of the bread, by the carbonate of magnesia, has been obvious. It may be necessary to remark, that, in all my experiments, a proper attention was paid to all the circumstances connected with the accuracy of the results. The materials were weighed and mixed together, the dough was made up, and the bread baked, under my own inspection.

"The trials I have made have been necessarily on a small scale; they have been performed chiefly on quantities of flour not exceeding a pound in weight. I shall state the results of a comparative trial on the worst new seconds I could get, with and without the addition of the carbonate of magnesia.

"I made five small loaves, each containing one pound of flour, one hundred grains of common salt, and a large table-spoonful of yeast. The dough, in all of them, was made up with water at the temperature of 100 degrees Farenheit, and exposed before the fire for two hours at the temperature of 70 degrees, to ferment.

The first loaf contained no other addition.
The second ..... 10 grains of carbonate of magnesia.
The third ..... 20 grains.....do.....do.
The fourth ..... 30 grains.....do.....do.
The fifth ..... 40 grains.....do.....do.

"After they had all been baked together in the same oven, the loaves when cold were examined.

"The loaf without the carbonate of magnesia had fallen in the oven; it was like a cake, and was soft and clammy, and readily adhered to the knife.

"The loaf with the addition of ten grains of the carbonate of magnesia was improved; it had risen better than that which contained none, but still the improvement was not very considerable.

"The loaf with twenty grains was far superior to the one with ten grains; it was for the most part light and porous; but still there was a slight tendency to heaviness. The loaf with thirty grains was still better than the one with twenty grains. But the loaf with 40 grains was uniformly light and spongy, of a more regular texture and better colour than any of the others.

"In all my experiments I have used the porter yeast, but a successful trial has been made with the new barm. I have never made any secret of the foregoing facts, but have readily communicated them to a number of gentlemen, to whom I have shown specimens of the bread made with, and without, the carbonate of magnesia, and they have uniformly given their assent to this improvement.

"I understand a number in Cork, and in the neighbourhood,

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have been induced to repeat my experiments; and they have, for the most part, been attended with great success. If there should be any instances of failure, it would not be proper hastily to refer them to a defect in the method, but to impute them rather to a want of attention to those circumstances necessary to insure success.

"I conceive not the slightest danger can be apprehended from the use of such an innocent substance, as the carbonate of magnesia, in such small proportion as is necessary to improve bread from the new flour. It is well known to be administered with perfect safety, even to infants. In order to try the effect of bread made with this substance on myself, I have used it exclusively for the last five weeks, without the least inconvenience, in the proportion of sixty, eighty, and even one hundred grains, to a pound of flour.

"A pound of carbonate of magnesia would be sufficient to mix with two hundred and fifty-six pounds of the new flour, at the rate of thirty grains to the pound. And, supposing a pound of carbonate of magnesia to cost half-a-crown, the additional expense would be only half a farthing in the pound of flour.

"I am not quite satisfied as to the peculiar agency of the carbonate of magnesia, in correcting the bad quality of new flour. It is an extremely light substance, and may probably tend to improve the texture of the bread. The new flour, too, in the process of baking, may, perhaps, be disposed to undergo the acetous fermentation, and the carbonate of magnesia, being slightly alkaline, may correct the tendency of the fermented dough to acidity. On this part of the subject, however, the experiments I am now pursuing will, I trust, throw some light."

M. Virey, in a communication to the French Academy of Sciences, (formerly the Institute,) states, that the spur of the rye is not a *champignon* of the genus *Scleroticum*, as M. Decandolle had endeavoured to prove; but, that it is a real disease of the grain; since there are to be found in it all the peculiarities of organization of the rye, a degeneration as yet unknown in its nature, amylaceous fecula, and, probably, all the immediate materials of the Cerealia.

Lizards found in a Chalk Rock.—Dr. Wilkinson lately presented to the Bath Philosophical Society, a letter he had received from a clergyman in Suffolk, relative to two lizards being discovered by the reverend gentleman in a chalk rock, with some interesting circumstances tending to explain why all the animals which have been discovered in rocks, marbles, &c. die on their exposure to the atmosphere. From observations made, there appeared to be some obstruction in their respiratory organs. One being placed in water disengaged itself from this obstruction; while the other died, from not being enabled to liberate itself from the viscous matter lining the throat. The clergyman in his letter says: "A pit

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"A pit having been opened in the summer of 1814, at Elden, Suffolk, for the purpose of raising chalk, I deemed it a favourable opportunity for procuring fossils; accordingly commissioned the men employed to search for and reserve whatever appeared curious. In this search, I sometimes assisted, and had the good fortune to be present at the discovery of two lizards imbedded in the solid chalk, fifty feet below the surface. The following is the result of my observations;—So completely devoid of life did the lizards appear on their first exposure to the air, that I actually considered them in a fossil state; judge then of my surprise, when, on my attempting to take them up, I perceived them move! I immediately placed them in the sun, the heat of which soon restored them to animation. In this state I carried them home, and immersed one in water, keeping the other in a dry place. You may, perhaps, consider it worthy your observation, that the mouths of the lizards were closed up with a glutinous substance. This obstruction seemed to cause them great inconvenience, which was evident from the agitation perceptible in their throats, and from the frequent distension of the jaws, or rather around the jaws and the head; indeed, they seemed in a state little short of suffocation. The newt which had been immersed in water, after many violent struggles, was at length enabled to open its mouth: this afforded it instant relief, and it evidently derived much satisfaction and comfort from its new element. The other lizard, notwithstanding its repeated endeavours, was unable to open its mouth. It died in the course of the night, probably from being debarred the use of its proper element. The remaining lizard continued alive in the water for several weeks, during which it appeared to increase in size. It disliked confinement; and after many attempts, at length, to my great mortification, effected its escape, nor could I ever after find it."

Dr. von Tribolet's (Physician at Bern) *remarkable Observations on the Use of very large Doses of Henbane in Inflammation.* Communicated by Dr. von Embden.—As long ago as the years 1798 and 99, I made use of the hyosciamus as an antispasmodic and narcotic, in internal inflammations, though only in very minute doses; and, according to the directions of my once revered tutor, Professor Richter of Gottingen, only after the depleting indications had been carried to a sufficient extent. Gradually I became more courageous, gave larger doses of it, and found its effects to be purely debilitating, and reducing the activity and morbid irritability of the arterious system. Indeed, at that very time, I considered hyosciamus as a narcotic, but widely differing in its effects from opium; and classed it entirely with the antiphlogistics. I now began using it in pneumonia vera, being rather cautious in the beginning, but becoming more emboldened by degrees; and found the better effects from it the more I increased its dose. In the years 1804 and 5, at a time when sthenical pneu-

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monia was prevalent, I cured many without bleeding, and almost entirely with extract of henbane. The cure was short, and the convalescence quicker than in those patients who, by my colleagues, had been treated with bleeding, and in the usual antiphlogistic method. The following was a most interesting case:—

A robust plethoric servant girl from the country, 22 years of age, caught cold during the period of menstruation, in a dry and cold winter, when the inflammatory fever was epidemical. Menstruation suddenly stopped; a fever, and strong pulmonary inflammation, ensued. Twelve hours after the commencement of the disorder I was called in. Never did I see the indications for blood-letting more strongly marked: terrible congestions in the head and chest were combined with cough and violent dyspnœa. Four scruples of the extract of henbane, dissolved in aqua cerasi, with a little mucilage and antimonial wine, were used during the first twenty-four hours, and one drachm each of the two following days, giving, at the same time, a diluting drink, and applying sinapisms to the feet. All the symptoms soon abated; and the woman recovered in a very short time, without having any bad consequences.

A case of Croup follows, treated with the same success, after which the author proceeds—

The following are the results of my observations on that head:—Henbane is to be used in the commencement of the disorder, before polypous excretions have taken place: after this it becomes hurtful.* It must be given in strong doses, at least two grains every half hour to a child of from two to three years, and be continued till the inflammatory symptoms abate, and the respiration becomes more free, when the dose is to be diminished, and again increased in the exacerbations. It is thus necessary that the physician should see the child every two hours. It entirely supersedes blood-letting, leeches, and calomel. I give nothing with it but the antimonial wine, applying sinapisms and vesicants to the legs.

Dr. Hufeland remarks on the above,—the observations of so high and respectable an authority certainly deserve the greatest attention, for they shew what may be effected with remedies which are still neglected by many physicians, as also the doses in which they may, and, in many cases, must, be given, to answer the purpose. In my practice, (says he,) hyosciamus ever was an important, nay a favourite, remedy, to which I owe the best of my cures; and ever was of great assistance to me in numerous disorders. In all chronic and acute disorders, which are combined with enormously exalted sensibility, it serves as a mediator in pro-

* We are entirely at a loss to know what is here meant by polypous excretions taking place in inflammation. If the author intends effusion of coagulated lymph, such occurred in his case of croup successfully treated.—Edit.

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curing the remedies, destined to act against the organic anomalies, a freer admission, in rendering them more pleasant to the nerves, in preventing anomalous re-actions; in short, in regulating the whole cure. But more particularly is it adapted for inflammatory disorders, on account of its being the only narcotic which, at the same time that it lowers the sensibility, does not exalt the irritability, and the action of the vascular system; and does not hinder the secretions and excretions, as is the case with opium, which, on that account, always remains a doubtful remedy in inflammatory disorders. Dr. H., however, confesses never to have dared to use it in doses equal to those of Dr. T.

A very violent tempest, uniting all that is dreadful contained in the atmosphere, on the 12th of June last, befel the city of Werschetz, in Hungaria. Storm, hail, and electric shocks, contended for the superiority. The terror of the inhabitants was dreadful during this scene; and, from that day to the 13th of July, seven women were delivered of still-born children, in consequence of the mental agitation they had endured. After the hurricane in Madeira about twelve years ago, it was asserted that no woman in Funchall, pregnant at the time, produced a living child at the expected period.

On Legal and Judicial Chemistry: by Dr. Chaumeton.

(Continued from vol. 36, p. 432.)

I am always greatly surprised to find that amongst these names I do not see that of Chaptal, who has so eminently contributed to the progress of the arts, *consiliaque manuque.* It is upwards of twenty years since this learned chemist has published two excellent methods of varnishing pottery. The first consists in dipping the articles in a solution of earth of murviel in water, then drying them, and afterwards dipping them in a solution of green glass (ground very fine) and water: this layer of vitrified power attaching itself to the argil of the murviel, produces a very smooth white cheap varnish or glaze. The second method consists in steeping the dried earthen vessels in a strong solution of marine acid, and afterwards baking them.

Serious dangers, to which they are perpetually obliged to expose themselves, are the melancholy lot of many professions, so that those who exercise them are compelled to walk *inter pericula et mortes.* Painters, gilders, varnishers, &c. live almost constantly in an atmosphere charged with pernicious metallic exhalations. A complexion dyed with the metallic oxides, dreadful cholics, nervous affections, paralysis, and premature death, are too often the only recompense of the ablest workmen.

The police ought to watch over the confectioners with an extreme vigilance, as they ornament their sweetmeats (*bonbons*) with brilliant and poisonous colours. The police ought also to extend its superintendance over tinmen, dyers, toymen, and even card-makers.

Commerce,

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Commerce, and the preparations of medicaments, are objects of the highest importance, for the sophistication of a remedy may aggravate the disorder, and even cause the death of the patient. To remedy this, it would be well if government were to appoint a commission of the most eminent physicians, apothecaries, chemists, and druggists, with authority to enter the shops and warehouses of apothecaries, chemists, druggists, &c. and examine the state of all medicaments, and ascertain their coincidence with the formulæ of the Pharmacopœia, and whether time, accident, or the undue admission of atmospheric air, have not deteriorated their qualities, and rendered them unfit for use, as being uncertain in their operation.

In a sketch, as exact as it is concise, the author points out the means chemistry offers for discovering the adulteration of the principal mineral, vegetable, and animal substances used in medicine. He deplores the criminal custom of falsifying musk, which, in a state of purity, would be one of the best therapeutic agents. It would have been greatly to be desired that so competent a judge as Dr. Remer, in speaking of the introduction, or rather the re-introduction, into medicine of nitrate of silver, lead, copper, and arsenic, had better appreciated the just value of such an acquisition.

I have known the Professors of Berlin order the *lapis infernalis* internally for the epilepsy with the same composure as they would have ordered valerian or orange leaves. I have seen, in several parts of Germany, and especially in Wetteravia, distinguished medical men administer acetate of lead in consumption with as much boldness, and more confidence, than I would have ordered asses' milk, or iceland moss. I have seen physicians at Paris prefer arsenic to quinquina, for the cure of intermittent fevers.

These examples have not seduced me, though a most zealous partizan of new discoveries, who consider the most violent poisons as susceptible of being converted by the man of genius into heroic remedies. I cannot even admit, without restriction, the extravagant praises that M. Guersent lavishes on copper. "When we administer preparations of copper, in sufficiently strong doses, at the moment a strong irritation is produced on the organs of digestion, from whence result vomiting and alvine evacuations. But, if slighter doses are given, and continued for some time, a general excitation of the blood-vessels and nervous system is the consequence; and, in fact, a daily use of salts of copper, in doses sufficient to produce evacuations, and, at the same time, increase the action of the solids—these medicaments then act secondarily on the lymphatics as alteratives."

I admire the noble sentiments of Dr. Remer, who, inspired with the dignity of the profession, exclaims, "Perhaps the high idea I have formed of the duties of the physician may transport me too far, but I am firmly persuaded that the moment a medical man has discovered a new means of relieving humanity, the discovery is no longer his private property, but he ought instantly to enable

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enable all the world to enjoy it. Glory to the virtuous Jenner, who, convinced of the inappreciable advantages of the vaccine inoculation, did not bury under the shade of mystery the fruit of his important researches. Pride of England, and benefactor of human nature, receive my homage. Alas! why has not thy conduct, so worthy of serving as a model, been universally imitated?"

The atmosphere we breathe exercises on the frame a continual and powerful influence, according to the degree of temperature. The meteors which agitate and modify it, the effluvia which alter and corrupt it, M. Remer does not exaggerate; but, as a faithful historian, he enumerates the injuries arising from theatres of anatomy, cemeteries, slaughter-houses, privies, canals, forges, caverns, and other sources of fetid gas and unhealthy miasma. He brands, as a crime against humanity, the ordonnances which re-establish the interment in churches, in Tuscany, in 1803, which had been so wisely suppressed by the Archdukes Leopold and Ferdinand, the predecessors of the imbecile King of Etruria. I may be here permitted to cite the expressions of the Spanish Doctor Ramon Lopez Mateos.* The greater part of sovereigns do not, like the Grecian chief physician, consider the απερ πολλων αξιαξιος αλλων. It is from having neglected to follow his advice, that the prisons, barracks, and hospitals, become the frightful abodes of pestilence, sinks of corruption, and living tombs. Burial in churches has produced incalculable evils. Is it not offering an insult to the Deity to burn on his altars an incense the perfumes of which are blended with the pestiferous stench of bodies in a state of putrefaction?

A comparative analysis of the various modes of purifying the air in hospitals, &c. and removing infection, displays at once an able philosopher, a learned chemist, and a judicious physician. M. Remer pays a just tribute of praise and gratitude to the memory of the immortal Guyton Morveau, whose loss is universally deplored by every friend of science.

According to the progress of civilization, the wants of society increase, and new sources of enjoyment are continually hunted after, the means of procuring which are sometimes ridiculous, and sometimes dangerous, and even criminal. Amongst those reviewed by the author, I will cite that of snuff, a black dirty powder, which transforms the prettiest face and the most interesting physiognomy into an object of horror and disgust. The custom of paint is as absurd as it is general, or rather it is general, precisely because it is absurd.

It would be infinitely painful, but, at the same time, extremely curious, to see a living man take fire on a sudden, inflame, consume, and be reduced to ashes, before the eyes of an astonished spectator. Before I place entire confidence in such a phenomena, it must be attested by witnesses known to be every way irreproachable.

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* Pensamientos sobre la razon de las leyes; in 8vo. Madrid, 1810.

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After giving a rapid sketch of the fabrication of money and titles, letters, diplomas, charts, and documents of every kind, the author enters upon an immense field of enquiry, highly important, but surrounded with difficulties at every step. Thousands of volumes have been published on Poisons, and millions of innocent animals have been tortured and martyred, with scarcely any benefit to science.

M. Remer does not make his reader shudder in displaying with ostentation the list of his victims; he does not boast of having poisoned even a single dog;* and yet what he says of venomous substances appears as profoundly conceived as it is elegantly expressed.

This excellent judicial toxicology, if I may so call it, terminates this extraordinary learned and important work, which merits a distinguished place in the library of the magistrate as well as of the physician. F. P. CHAUMETON.

Medical Bibliography—Winter, 1816; abridged from Dr. CHAUMETON.

The career I propose to myself is long and painful; and yet it only requires to give a rapid glance on the various productions which daily enrich or burthen medical literature. How many journalists would find this task agreeable and easy to perform. There is nothing more easy, in fact, than to accumulate titles without offering to the reader a judicious reflection, or a rational judgment of the work. My object is not to follow their steps: whenever I render an account of a work, the reader may be assured that it is only after having read it through, and seriously meditated upon it.

I have thought it necessary to say thus much by way of preface to the plan I have deemed it proper to adopt: it may be thought singular; but, if I had not been convinced of its utility, I should have renounced it entirely. It is not subjecting myself, without scruple, to rules as minute as they are superfluous; it is not in confining myself strictly within certain limits, that I shall attain the object I have in view. Let me not be reproached with having forgotten such or such productions, loudly praised by such or such a celebrated journal. Sometimes I shall pass in silence the ponderous quarto, and consider, in preference, the modest unassuming duodecimo. My intention is to collect an abundant

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* M. Remer, however, does not condemn these poisoners of animals: he declares even that dogs seem to be destined to be the martyrs of science. Heaven preserve me from being of such a dreadful opinion. I admire the dog, because, in all ranks of created beings, he is the only one that offers to my notice an example of all the virtues; and, if to make the most brilliant discovery, it were necessary to torture that faithful and heroically devoted animal, I would refuse to purchase the glory at such a price.

harvest

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harvest. Every thing that has appeared in medical literature since the commencement of the 19th century will be open to me:—that limit is, perhaps, the only one I shall engage to observe, as I shall not adopt a chronological order in my researches. The review of every three months will comprise, not all that has been published in the period, but all I may have read; and shall rather consider material facts, than points of doctrine breathing more the spirit of system than the love of science and the diffusion of knowledge.

ANATOMY.

Anatomy is, beyond all dispute, the basis of medicine: it is the point where we ought to commence the honourable (rather than honoured) career of the art of healing. The editing of a work of anatomy, to smooth the rugged paths of science to beginners, is no ordinary labour, which many conceive themselves so competent to perform, that we are inundated with books of anatomy of every kind—as general, descriptive, human, comparative, and pathological. In the midst of this immense collection, majestically soars the two anatomical works of Bichât, which it is enough to name, their merits being so well known and admired.

The *Bibliotheca Anatomica* of Haller is a mine of riches: unfortunately he ceased to write in 1776. The historical sketch of Portal abounds with inconceivable mistakes. *L'Histoire de l'Anatomie*, by Thomas Lauth, is a cold, dry, and heavy performance, like the rest of the works of that author, though it is more correct than the work of the Paris academician.

Cloquet.—The minute description of a bone, a muscle, a ligament, a cartilage, or an aponeurosis, is, undoubtedly, highly useful; but it does not furnish any food for genius, and excludes the flowers of rhetoric and the excursions of the imagination. It is a real sacrifice to science;* and the more generous, because M. Cloquet possesses, in an eminent degree, the art of speaking and writing well, as is evident from his thesis,† and his lectures as professor at the Atheneum.

To return to the treatise of Descriptive Anatomy, a Latin dedication at the head of a French work has always appeared to me improper.

M. Cloquet rejects the ordinary divisions of anatomy, to adopt those of Professor Dumeril, which consists in examining the organs in a physiological order, according to their various relations with other bodies, which concur to the nutrition of the individual, or ought to be employed for the propagation of the species. I do not deny the great advantages of this method, professed by the celebrated naturalist: it is certainly more philosophical, and leads

* Traite d'Anatomie descriptive redigé d'apres l'ordre adopte a la Faculté de Medicine de Paris. 2 vols. 8vo. Paris, 1816.

† Dissertation sur les Odeurs sur les Sens et les Organes de l'Olfaction. 4to. Paris, 1815.

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to more beautiful conclusions than the ordinary method, which, in other respects, appears also to have its advantages; but I wait with impatience the remainder of the work, which is to contain the comparative anatomy of different ages and sexes, and the more prominent points of the anatomy of animals compared with that of man, and the applications of anatomical knowledge to physiology, pathology, and surgery. All these subjects, of high importance, will undoubtedly acquire a new degree of interest by the manner in which they will be treated.

Pathological Anatomy of Cruveilhier.—In waiting for the grand and long-promised work of M. Dupuytren, his countryman and pupil has published an *Essai sur l'Anatomie Pathologique en general, et sur les Transformations et Productions Organiques en particulier.* (2 vols. 8vo. Paris, 1816.) The style of the work is very unequal, but that may be referred to the youth of the author, who, full of enthusiasm on his favourite subject, beholds all medical science comprised in pathological anatomy, slighting, in my opinion, too much the undoubted benefits arising from the applications of comparative anatomy.

Amongst his observations is a very singular one, to say the least of it. It is, that Surgeon-Major Broussard declares to have seen, in the retreat from Moscow, an unfortunate wretch who had his eyes frozen, who is still alive. If this be not a mere tale, it is a new proof that the truth may occasionally be extremely improbable.* However this may be, it cannot be denied that the work of M. Cruveilhier displays genuine talent; and, from such a debut of a young author, the greatest hopes are to be entertained.

Blindness cured by Moxa.—Many English prisoners of war in Spain can bear testimony to the paternal care and exquisite skill of Baron Larrey, first surgeon of the Imperial Guard. We relate the following only on account of its importance in the art of healing. The sick and wounded English prisoners at Valladolid were confided to the care of Baron Larrey; the fatigues, the cold and damps, in crossing the mountains of the Asturias, added to the privations of every kind they had suffered, only preceded the hospital fever; but, by the care of the baron, in removing those not yet afflicted with it to healthy apartments, and using all his skill on the others, it was soon got under; they were, however, almost naked, and the baron solicited and obtained for them great coats, shirts, and shoes, of which they were in the greatest want.

A young drummer, aged twelve or thirteen, the son of a cor-

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* We see nothing incredible in the above. The eyes might be frost-bitten by the freezing of the secretion with which they were bedewed; nor is it at all improbable that they were the only parts exposed to the atmosphere. After being thus killed, suppuration from the sockets would be an easy process. We may further remark, the effects of radiant cold so beautifully explained by Dr. Wells.—English Edit.

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poral of the 12th light infantry (English), was, with his father, in the number of the prisoners. "This child, (says the Baron) whom the father kept continually on his lap, was perfectly blind; the pupils had scarcely any motion. This blindness, from the account given by the father, came on suddenly in crossing the mountains of the Asturias, during the dreadful season we had just passed. The cold too was likely to have affected him the more sensibly, as he had recently had his hair cut close, and he had travelled from Corogna to Valladolid barefoot, as nearly all the prisoners had done. We easily discovered in this child the formation of the gutta serena, produced by the union of the two causes we have mentioned.

"It would be difficult to paint the situation of the father, and his affliction for the state of his son; and several of his comrades partook of his sorrow, for the boy was much liked in the regiment; indeed, I perceived, with pleasure, that in general the prisoners bore a reciprocal attachment to each other, and exhibited a mutual, tender, and generous affection.

"As the blindness of this child was recent, I conceived the hope of curing him. I ordered him to be brought into one of our hospitals, as well to be more out of the danger of the hospital fever, as to have him more immediately under my own eye. I at first ordered him a soap bath; I then administered diaphoretic bitters, and applied moxa on the facial nerve at its point of emergence from the cranium behind the angle of the jaw; his head was rubbed with a camphorated alkaline liniment, and covered with a flannel cap, and his eyes were rubbed with camphorated hot wine.

"On the second application of moxa, the boy saw the light; at the fourth, he distinguished objects and colours; and, on the seventh, the visual functions were totally re-established. I took care to prevent inflammation and suppuration from the burns occasioned by the moxa, by applying ammonia instantly on the wound. To secure this extraordinary success, I established a cautery in the arm, and procured the young prisoner a little Spanish cloak, in order that he might be more warmly clothed; and, I had the happiness of seeing him depart for France perfectly cured, with his father, who knew not how sufficiently to express his joy.

"This, with numerous other cases, which I have witnessed, proves the great efficacy of moxa in paralysis, and I cannot sufficiently recommend the use of it.—D. J. LARREY."

The baron observed a curious case in another soldier of the same regiment. He was convalescent of a nosocomial fever, when he was suddenly attacked with an anasarca, which confined itself to the right side of the body; the left remaining nearly in the natural state. This second disorder resisted, for a long time, all the efforts of art; but was, at length, conquered by the care and perseverance of the French surgeons.

An institution, much wanted in the metropolis, for the Diseases of the Ear, has lately been established,—of which Mr. CURTIS, of Soho-square, is appointed surgeon.

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Dr. ADAMS's Lectures will commence on Tuesday the 4th instant.

Dr. MERRIMAN and Dr. LEY will re-commence their Course of Lectures on the Theory and Practice of Midwifery and the Diseases of Women and Children, at the Middlesex Hospital, on Monday, February 17th, at half-past ten o'clock.

Dr. DAVIS will commence his next Course of Lectures on the Theory and Practice of Midwifery, and the Diseases of Women and Children, on Thursday the 13th February.

Mr. J. H. CURTIS, Surgeon and Aurist, Surgeon to the Royal Dispensary for the Diseases of the Ear, will begin his Course of Lectures on the Anatomy, Physiology, and Pathology, of the Ear, on Thursday the 27th of February, at seven o'clock in the evening, at his house, No. 18, Soho-square.

Mr. STEVENSON purposes commencing his annual Course of Lectures on the Anatomy, Physiology, and Pathology of the Eye and Ear, early in March. In a series of twenty-four Lectures will be given a full anatomical description and demonstration of every part of the complex and very delicate structure of the organs of sight and hearing; an explanation of their respective functions in a state of health; and an elucidation of the history, symptoms, and best mode of treating their various diseases: including an account of all the requisite surgical operations, and the most approved methods of performing them.

A Physician, having, for the last two years, been making experiments in his kitchen, with a view of composing a Culinary Code for rational Epicures, and augmenting the alimentary enjoyments of Private Families, has nearly completed the work, which will be entitled "Apicius Redivivus, or, The Cook's Oracle;" wherein especially the art of composing soups, sauces, and flavouring essences, will be made so clear and easy, by the quantity of each article being accurately stated by weight and measure, that every one thereby may soon learn to dress a dinner as well as the most experienced cook.

Dr. ADAMS's Life of Mr. Hunter will certainly appear before the anniversary of his birth-day, the 14th instant.

In the press, and shortly will be published, in 2 vols. 8vo. embellished with eight engravings, by James Sowerby, F.L.S., a Midland Flora: comprising the indigenous plants of the more central counties; with occasional notes and observations, and a short introduction to the study of Botany. By T. Purton, Surgeon, &c. Alcester, Warwickshire.

In the press, and shortly will be published, Some further Observations on the subject of the proper Period for Amputating in Gun-Shot Wounds, accompanied by the official Reports of the Surgeons employed in his Majesty's ships and vessels at the late Battle before Algiers. By A. Copland Hutchison, late Surgeon to the Royal Naval Hospital at Deal.

BILLS

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BILLS OF MORTALITY.

Diseases and Casualties of the Year 1816.

DISEASES.			
Abortive & Stillborn	734	Gravel, Stone, Strangury	14
Abscess	106	Grief	4
Aged	1913	Headmoldshot, Horseshoehead, & Water in the Head	408
Ague	3	Inflammation	977
Apoplexy & Suddenly	434	Jaundice	76
Asthma	1003	Jaw Locked	2
Bed-ridden	5	Leprosy	1
Bile	1	Lethargy	1
Bleeding	30	Livergrown	79
Bursten & Rupture	35	Lunatic	230
Cancer	79	Measles	1106
Chicken-pox	1	Miscarriage	7
Childbed	234	Mortification	327
Colds	19	Palpitation of the Heart	11
Colic, Gripes, &c.	6	Palsy	195
Consumption	4272	Pleurisy	22
Convulsions	3264	Purples	2
Cough and Hooping Cough	666	Quinsy	2
Cramp	2	Rash	1
Croup	92	Rheumatism	14
Diabetes	5	Rising of the Lights	1
Dropsy	788	Scrofula	2
Dysentery	1	Scurvy	2
Epilepsy	4	Shingles	1
Evil	8	Small-pox	653
Fevers of all kinds	1299	Sore Throat	13
Fistula	8	Sores and Ulcers	15
Flux	15	Spasm	43
French Pox	61	St. Anthony's Fire	7
Gout	56	Stoppage in the Stomach	26
		St. Vitus's Dance	1
		Swelling	2
		Swine Pox	1
		Teeth	417
		Thrush	89
		Tumor	3
		Water in the Chest	48
		Worms	15

CASUALTIES.	
Broken Limbs	3
Burnt	48
Drowned	105
Excessive Drinking	13
Executed	10
Found Dead	31
Fractured	4
Frighted	6
Killed by Falls & several other Accidents	56
Killed by Fighting	1
Killed by Swallowing a Shilling	1
Killed themselves	30
Murdered	8
Overlaid	2
Poisoned	8
Scalded	5
Suffocated	3

Christened	Males	12132	In all 23581
	Females	11449	
Buried	Males	10105	In all 20316
	Females	10211	

Whereof have died,

Under Two Years of Age	5400	Sixty and Seventy	1790
Between Two and Five	1960	Seventy and Eighty	1508
Five and Ten	845	Eighty and Ninety	781
Ten and Twenty	675	Ninety and a Hundred	168
Twenty and Thirty	1464	A Hundred	3
Thirty and Forty	1913	A Hundred and One	0
Forty and Fifty	2123	A Hundred and Three	1
Fifty and Sixty	1955	A Hundred and Four	1

Increased in the Burials this Year 756.

There have been Executed in the City of London and County of Surrey 25; of which Number 10 only have been reported to be Buried within the Bills of Mortality.

The reader will observe an increase of 756 deaths, a number very inconsiderable. The number of christenings has also increased,

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creased, by which it would appear, that, notwithstanding the admitted distresses, our population has not lessened. To this remark we should add, that the extensive parishes of Mary-le-bone and St. Pancras, the former equal in population to all Bristol and its environs, and the latter to the whole arch-deaconry of Harford, and both situated in the most healthy part of the town, are not included in the bills. The number of deaths by inflammation is stated at about 20 more than last year. To this list should be added the cases of pleurisy, and, probably, most of the water in the head. The deaths by small-pox are fewer than last year, which proves that the disease has been mild, as all practitioners admit its greater prevalence. The number of deaths by measles is truly formidable, and has been progressively increasing for some years: they exceed the former bill by nearly 400; but how many of them should be put to scarlatina, it is impossible to say. Equally uncertain is the number of that disease, compared with other fevers, as they are now most absurdly all blended in one common article.

One thing worthy of notice is the greater mortality of females above males: the number is, however, not considerable, and, probably, may be accounted for by the number of men who have emigrated, or who are connected with the army and navy.

The complaints of the last two months, like those of the whole year, have been principally those of spontaneous inflammation, arising, as it should appear, from plethora. Hæmorrhage has, in the reporter's observation, been more common, of late, since the weather has been milder. A remarkable case of this kind has occurred in a young lady, only five years old, who had a similar attack (per anum) about the same time last year. The quantity voided was from a table-spoonful to nearly six ounces of apparently arterial blood, by its florid appearance when first voided, and by its firm coagulation. It is in the recollection of the family that this child's grandfather had a similar discharge still earlier in life, and that it continued as long as he lived, at different periods.

The winter asthmas have been particularly mild, and the coughs less troublesome, excepting during a short epidemic, the effects of which have nearly ceased.

A case of chronic inflammation in the brain has occurred in a young gentleman who has just arrived at his full growth. It has proved extremely insidious, but hitherto the faculties do not seem to have suffered; the senses are somewhat more acute than natural. Another, nearly similar, has occurred over the left eye of a female somewhat advanced in life.

METEOROLOGICAL

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METEOROLOGICAL REGISTER.

From December the 25th, 1816, to January the 25th, 1817.

Kept by C. BLUNT, Philosophical Instrument Maker, No. 38, Tavistock-Street, Covent-Garden.

Moon.	Day.	Wind.	Barometrical Pressure. Max.	Min.	Mean.	Temperature. Max.	Min.	Mean.	
◑	26	SW	29·82	29·70	29·76	35	26	30·	Rain
	27	SW	29·40	29 36	29·28	31	24	22·	Rain
	28	SW	29 60	29·56	29 58	30	18	24·	Fair
	29	SW	29·[illegible]	29·70	29·71	46	39	42·	Rain
	30	SW	29·99	29·93	29·96	48	40	44·	Rain
	31	SW	29 80	29·80	29·80	48	21	31·	Rain
	1	W	29·60	29·60	29 60	41	24	32·	Rain
	2	SW	29·42	29·40	29·41	50	39	44·	Rain
○	3	SW	29·44	29 40	29·42	46	36	41·	Rain
	4	S	29·25	29·21	29·23	44	38	36·	Rain
	5	NW	29·41	29·40	29.40	43	36	39·	Rain & Snow
	6	NW	29·69	29·63	29·66	44	33	38·	Rain
	7	NW	30 44	30·40	30·42	42	24	33·	Fair
	8	NE	30·35	30·25	30·30	39	29	34·	Fair
	9	NE	30 66	30·60	30·63	39	26	32·	Fair
◐	10	N	30·71	30·69	30·70	40	33	36·	Frost
	11	NW	30·52	30·50	30·51	37	33	35·	Frost
	12	NW	30·19	30·17	30·18	38	34	32·	Frost
	13	W	29·85	29·81	29·83	38	30	34·	Rain
	14	NW	29·61	29·60	29·60	32	25	28·	Fair
	15	NW	28 96	28 94	28·95	45	37	41·	Snow
	16	NW	29·38	29 32	29·35	46	36	41·	Rain
●	17	NW	28·99	28·99	28·99	47	35	41·	Fair
	18	W	29·50	29·50	29·50	53	40	46·	Fair
	19	W	29·17	29·13	29·15	32	25	28·	Fair
	20	S	28·84	28·84	28·84	46	36	41·	Rain
	21	SW	29·83	29·83	29·83	49	38	44·	Rain
	22	SW	29 87	29·83	29·85	53	39	41·	Fair
	23	SW	30·11	30·09	30·10	51	41	46·	Fair
	24	SSW	30 35	30 31	30·33	57	42	49·	Fair
◑	25	SW	29·41	29·41	29·41	52	40	46·	Fair

RESULTS.

Mean barometrical pressure of the month			29·98	Mean temperature of the month		37 deg.
Maximum 30·71,	wind at	N		Maximum 57,	wind at	SSW
Minimum 28·84,	———	S		Minimum 18,	———	SW

Scale exhibiting the prevailing Winds during the Month.

N	NE	E	SE	S	SW	W	NW
1	2	0	0	2	13	4	9

	Mean barometrical pressure.	Mean temperature.
From the first quarter on the 26th Dec. to the full moon on the 3d Jan.	29·64	33·
——— the full moon on the 3d, to the last quarter on the 10th	29·97	36·
——— the last quarter on the 10th, to the new moon on the 17th	29·63	36·
——— the new moon on the 17th, to the first quarter on the 25th	29·50	42·

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CATALOGUE OF MEDICAL BOOKS.

An Improved Method of Treating Strictures in the Urethra; by Thomas Whately, Member of the Royal College of Surgeons in London. Third Edition, with Additions. 8vo.

Transactions of the Medical Society of London. Vol. I. Part II. 8vo.

The Institutions of Physiology; by J. F. Blumenbach. Translated from the last Edition, and supplied with numerous Notes, by John Elliotson, M.D. 8vo.

Suggestions for the Improvement and Mitigation of Epidemic and Pestilential Diseases, comprehending the Abolition of Quarantines and Lazarettos; with some opportune Remarks upon the Danger of Pestilence from Scarcity, &c. &c. By Chas. Maclean, M.D. &c. 8vo.

Practical Observations in Surgery and Morbid Anatomy; illustrated by Cases, with Dissections and Engravings. By John Howship, Member of the Royal College of Surgeons, &c. &c. 8vo.

The Anatomy of the Human Ear; illustrated by a Series of Engravings of the Natural Size; with a Treatise on the Diseases of that Organ, the Causes of Deafness, and their Proper Treatment. By the late John Cunningham Saunders. 8vo. Coloured or plain.

The Annals of Medicine and Surgery; or, Records of the occurring Improvements and Discoveries in Medicine and Surgery, and the immediately connected Arts and Sciences. Vol. I. 8vo.

The Anatomy of the Horse; accompanied with a Series of Engravings, representing the Bones and Muscles of the Horse, in their systematical Arrangement; extracted from different Authors. By George Kirtland. No. 1. Coloured or plain.

A Catalogue of Books in Anatomy, Medicine, Surgery, Midwifery, Chemistry, Botany, &c. &c. New and Second-hand, for 1816-17. Sold by Anderson and Chase, 40, West Smithfield, London. 12mo.

Examinations of the Objections made in Britain against the Doctrines of Gall and Spurzheim; by J. G. Spurzheim, M.D. 8vo.

NOTICES TO CORRESPONDENTS.

Communications are received from various writers, which will be noticed and attended to.

Dr. Balfour *must allow us to shorten his Answer, as a considerable part is not at all relevant to the controversy. If Dr. B. will permit us, he may rest assured, that the curtailment shall be made by the reviewer of his first paper.*

Erratum.—In page 364, line 11, of the last volume, for *destroying* read *detaching*.

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THE LONDON

Medical and Physical Journal.

3 OF VOL. XXXVII.] MARCH, 1817. [NO. 217.

" For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly Journals; and there never existed any work to which the Faculty in EUROPE and AMERICA were under deeper obligations than to the Medical and Physical Journal of London, now forming a long, but an invaluable, series."—RUSH.

For the London Medical and Physical Journal.

Interesting Account of the various Forms of Scarlatina from the same Source of Infection; by Dr. HENNING, of Zerbst.

IN October last, I happened to receive a visit of a friend, who, for some time, had been sojourning in the atmosphere of scarlatinous patients. My own four children, the eldest of whom was then twelve, and the youngest seven years, and my maid servant, though susceptible, had hitherto remained free from infection. In the presence of my children, and whilst the servant was waiting on us, my friend told me, that, at the place of his residence, he had lately had several patients with scarlatina, some of whom were actually then lying in a very dangerous state; and confessed that within the last few days he had lost nine children with the cynanche maligna. This relation made his visit less agreeable to me at that moment than it would have been at any other time. Six days having elapsed, our servant first began to complain of a sore throat and difficulty of swallowing; but nothing was to be discovered by examining the mouth, on the palate, &c. My children gradually sickened in a similar manner. In the latter, the scarlatina broke out regularly, and normally run its course without particular symptoms of malignity. In the servant, on the contrary, not the least symptom of eruption could be discovered: she had fever, without the least remission; the pulse 120 in a minute, the pain in the throat becoming worse from one minute to the other, so that on the third day she was in danger of suffocation. From the first day I employed a surgeon for the treatment of the local complaint, who, by injections, vapours, leeches, vesicants, sinapisms, and embrocations, tried to counteract the danger. The girl not being capable of swallowing even a drop of Elder-tea, any application of internal medicine became utterly impracticable. The bowels were kept in regularity by daily glysters, and pediluvia applied. Notwithstanding the

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other dreadful symptoms, there was no trace of inflammation or swelling to be seen in the oral cavity, but externally the throat appeared swollen, and distended from the larynx downward, and felt very hot. Half an inch under the cartilago thyroideus she appeared to have the most pain, on touching the part where the leeches and poultices had been applied, and a mercurial ointment had been rubbed in. In this dangerous situation I prescribed a few grains of calomel, to be triturated with sugar, to be held in the mouth, and, there being suffered to melt, to swallow some of it, if possible. This, however, proved also abortive; and I was obliged to relinquish all further attempts of giving medicine internally, and make use of whatever external ones I could devise. The girl being very weak, and naturally of an asthenic constitution, nothing remained but to treat this inflammatory tate continually with external stimulants. I, indeed, suspected a metastasis of scarlatinous matter to the œsophagus, the more so as there was not the least cough to mark an irritated trachea. For this reason, I tried the more to obviate the urgent local inflammation and the pressing danger, and then waited for what would follow. Things remained in this horrible state full seven days, during which time she laboured under the greatest anxiety, and the sweat trickled down her face in large drops. At last, on the seventh day, the first symptoms of amendment began to shew themselves: the fever, which hitherto had been of an uninterrupted continuance, now shewed considerable remissions; the pain in the throat abated; the pulse became more moderate; and she was able to swallow. The anxiety subsided; sleep returned, and with it a salutiferous clammy sweat. The urine, which hitherto had been much concentrated, became thick, and had a brick-like sediment. A kind of salivation, of a tough and saltish matter, also took place. The head, which hitherto had ached most violently, now became easier; the swelling of the throat abated; and she also expressed a desire for nourishment. A dish of some gelatinous preparation of grits being prepared for her, she took a few tea-spoonsful. On the eighth day she felt a violent tickling in the throat, which constantly irritated her to cough, and which she only could overcome by swallowing some mucilage of gum arabic or liverwort. This state lasted until the twelfth day, during which time the menses returned. She now mended rapidly, and, with the cough, there appeared an expectoration of a membranaceous substance. She coughed up whole pieces of that sort; and this expectoration lasted uninterruptedly from eight to ten days. With it she felt, at the same time, a kind of jumping in her mouth, particularly

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ticularly when she was going to swallow; and this sensation only ceased, or became moderated, on swallowing some milk, or something cool. One morning she coughed up a piece of that sort more than two inches in length, which perfectly resembled the inner skin of an egg. This expectoration abated gradually; the cough left off, so that she recovered completely without taking the least internal medicine. A rigorous, yet nourishing, diet, moderate use of the free air, and a few mild purges, completed the cure.

The whole exanthema had, in this case, taken possession of the surface of the œsophagus, without even the mouth at all participating in it,—most likely on account that the too great vicinity of the gullet had served as a derivans. All that time the patient had been without either nourishment or refrigerant medicines. Seven days she had been in imminent danger of suffocation, yet without any suffering of the respiratory organs; and benignant Nature, supported by a few external stimulants alone, conquered a disorder in a weak asthenic habit, which, for a space of time, threatened every moment to prove fatal. This metastasis is undoubtedly a phenomenon, with which the practitioner meets but seldom. After the period of convalescence, her feet became œdematous, which gave way to a few doses of acetated ammonia. What, besides these, appeared most strange in this morbid state, was, that her whole body afterward began to scale off, though not the least exanthema had been observed, and though the whole of the internal surface of the œsophagus seemed to have come away by the egg-shell-like membranes that had been coughed up. After the expiration of six weeks, she was so well recovered as to be able to attend to her usual domestic duties as before.

In my youngest girl, a child of little more than nine years, the exanthema terminated in a nervous fever, accompanied with œdema, which, however, at last gave way to the most powerful stimulants, though a symptom ominous of nothing good had occurred for some days.—Such was the progress of the disorder in my family.

Lastly, my servant's sister, a married woman of this place, came to see her relation, bringing with her a child three years old. Both became infected by the disorder, and communicated it to her husband. All three were in the greatest danger. It was also remarkable that the woman had not the exanthema *properly*, but only pustulous open ulcers on the surface of her face; but the husband and the child were thickly covered with it all over;—but all the three, in particular the husband, suffered at the same time the most violent cynanche.

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For the London Medical and Physical Journal.

On a Substitute for Alcohol in making Anatomical Preparations; by Mr. WILLIAM COOKE, Surgeon.

WITH a practitioner in medicine, anatomy and physiology should always be directed to the improvement of pathology.

There are, unhappily, great impediments to the cultivation of this part of medical science, derived chiefly from the prejudices of mankind against what is accounted a mutilation of the body; and no arguments will generally avail to counteract this repugnance to opening the *dead*, but those that are dictated by a mind deeply impressed with the advantages which accrue to the *living* from such investigations.

Whenever practicable, the preservation of specimens of natural and morbid structure contributes greatly to enhance their value, by making them not only objects of occasional reference to the primary possessor, but, when he ceases to exist, they are handed down, and perpetuate instruction to posterity.

The expence of glass and spirits has deterred most practitioners from accumulating specimens of this nature, and therefore every suggestion designed to remove the obstacle is worthy of consideration.

During some years, I have been accustomed to preserve diseased parts, and, although on a very circumscribed plan, it has been sufficiently extensive to enable me to judge tolerably well respecting the comparative effects of different preserving media.

The object of this paper is to lay before the profession a few recent experiments made with a solution of the *solid* salt, a purer muriate of soda than the salt of commerce. I shall detail the facts as accurately as I can; for, notwithstanding the success of these experiments has been such as to induce me to give them publicity, I neither wish to excite unwarrantable expectations, nor to pledge myself for the result of more extended essays. It is but equitable, however, to claim the usual concession to first attempts, especially as it was requisite to deviate, in various circumstances, from the common methods of preservation.

Last summer I had the pleasure of introducing Phillips London, Esq. proprietor of the British solid salt, to the Hunterian Musæum. Whilst viewing that splendid exhibition, Mr. London suggested the trial of his salt, which had been found much more effectual in *pickling* meat than other salt; and solutions of which, he had ascertained, would preserve

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serve the natural appearance of fish. He soon afterwards politely furnished me with a quantity for that purpose, of which the dates and results are as follow:—

No.	1816	*Time of Preservation.*	*Present appearance.*
1	June 18	A portion of stomach, from a young man poisoned by arsenic.	The inflamed condition of the stomach, and enlargement of the mucous glands, the same as when taken from the body, but within about the last month a few gaseous bubbles have escaped. The transparency of the fluid continues, although it is not perfectly bright.
2	do.	A small hydrocele, injected with size and vermillion; but the injection did not run well, and the testicle was a little soiled in handling.	In good preservation, one small bubble now resting at the top—fluid clear and colourless; but, when agitated, a few very small flocculent substances are seen in it. The colour of the injection unchanged.
3	do.	A portion of duodenum, to shew the valvulæ conniventes, and some scrofulous mesenteric glands.	In excellent preservation—the fluid bright, and both the natural and morbid appearance of the parts well retained.
4	24	Part of the stomach of a young man poisoned by opium.	Fully retains its morbid character; but some bubbles of gas have escaped, and are entangled at the top between the talc and specimen—liquid colourless and bright.
5	do.	Large portion of the heart, to exhibit an open and reticulated foramen ovale in the adult.	In excellent preservation, but appears somewhat hardened. The fluid colourless and transparent, although not so bright as some others.
6	do. Aug.	Some tuberculated intestine.	Well preserved.
7	20 Sept.	Uterus and appendages.	In perfect preservation—fluid colourless and transparent.
8	10	A portion of stomach acted on by the gastric juice, and imperfectly injected with size and King's yellow.	As perfect and bright as possible—colour of the injection unimpaired.

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The eye, in different states, has been in the solution from the earliest periods of these experiments; but, not having by me any proper sized bottles, they were not put up. One, however, which has been in the fluid upwards of seven months, to ascertain its effects on the vitreous humour and lens, now stands before me. It retains its natural figure and consistence. The membrana hyaloidea is only affected in its transparency just enough to distinguish it from the circumjacent fluid. The lens has a yellowish opake circumference, yet sufficiently penetrable to exhibit a transparent centre. By the section of another lens, I find these parts retain their usual dissimilarity of structure,—the *outer* being softer, and the *inner* acquiring, by progressive laminæ, a horny density. The capsule of the lens is exhibited with considerable beauty, and is uniformly separated from the *proper* membrane of the lens by the interposition of a transparent aqueous humour. When the lens had been removed, the posterior part of the capsule retained its proper form and texture, but the anterior became like transparent horn. The eyes were those of the calf.

Some fœtuses, at different periods of conception, have been put up; but, as they had been in spirits of turpentine before being given to me by a medical friend, they do not afford any legitimate inferences, although well preserved.

An aphrodita, and some other small specimens, have been put up; and, deducting something for a little inattention to neatness, they correspond, in general, with the preceding.

About two months ago, I removed a pendulous tumour from the labium pudendi, which, during the pregnancy of the lady, always became œdematous, and as large as the feet; but contracted about one half after parturition. It was of very loose cellular structure, and, after remaining about a week in the solution at saturation, it corrugated, and greatly diminished. When it had been in water for twenty-four hours, it re-assumed its first appearance, and I put it into a weak spirit.

Whether diminishing the strength of the brine would have succeeded, I did not attempt to ascertain.

I have had mere fleshy parts in a covered pan for some months, which continue unchanged.

It remains for me now to relate those particulars which have appeared necessary preliminaries to success.

The solution I keep by me at saturation, which contains about 28 per cent. of salt. Mr. London has obliged me with two glass floats, one of which rises to the surface at saturation, and indicate s. g. about 1.206; the other rises at 1.160. These afford considerable facility in ascertaining the strength.

By

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By keeping the solution at its greatest strength, it can be reduced to any suitable degree.

When I put up a preparation in this solution, I add some very clear water, in the proportion of half an ounce to a pint. This is done to guard against crystallization; for, although even at saturation no crystals can form without evaporation, by adopting the above precautionary measure, a greater length of time would be requisite before inconvenience could result, should the escape of water not be completely prevented.

It seems best not to macerate the substance so long in water as is usually done for spirit; but, after having been in water, frequently changed from one to three or four days, it should be placed in some common receptacle, containing solution for some days or weeks as may be most convenient. A glazed earthen pan with cover answers very well. The specimen, by retaining some of the blood, looks more natural; and, by an earlier removal from the water, future decomposition is more effectually suspended.

On being first put into the solution, animal matters float; but, in twenty-four hours or more, according to their nature, they sink. Where, however, they have not sufficient gravity, no deformity arises from their suspending small glass bodies. The texture of some animals is such, that they will never sink unassisted; and, whenever this happens, threads over the rim may be dispensed with.

One objection has been suggested by high professional authority, viz. that, *in three years*, the preparation will shrivel.—I must adopt Bacon's maxim, and say, *fiat experimentum*. At present, no approximation to this state is visible; and, if I have a correct idea of the chemical action of muriate of soda on animal matters when *perfectly* excluded from the atmosphere, such a contraction is highly improbable.

The usual method of closing with bladder and lead is ineligible, for, when the bladder becomes saturated, the salt in time penetrates the coverings of the rim, and crystallizes on the bottle; and, independently of this exudation, the lead would gradually be decomposed by the solution. I have tried several modifications of this plan, but all seem uncertain or troublesome.

I now adopt a piece of common window glass, cut to the size and shape of the bottle, and fixed either by resin or putty. Putty answers tolerably well where there are no threads to sustain the specimen, but, where there are, they are liable to slide in, or to act as siphons, till it dries. Resin succeeds

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succeeds in all cases so well, as to justify a decided preference. Having wiped the edge of the bottle dry, I spread on it some melted resin, softened by a few drops of oil, and lay on it the glass. By holding over it a spatula considerably heated, the cement liquifies, and the glass fits with the utmost accuracy. After smoothing the resin, I have covered it in some instances with black varnish, without further trouble; but, as an additional security, it is preferable to besmear the edge with some glue, and lay over the top a piece of moistened bladder.

Persons are accustomed to lift their specimens by the rim, and, if the glass have any angular projections, and were unprotected by bladder, it might occasionally be raised; it is proper, therefore, to keep it a little within the circumference of the *round*. The center of the bladder may be removed, so as to leave the largest part of the top diaphanous.

The description of manual operations, in which there are several minute objects for attention, is apt to convey an improper idea of the trouble attending them; whatever may be inferred from *reading* the above, I am persuaded those who *practise* it, will find it more easy and neater than the method with half-putrid bladders and lead.

No inconvenience has resulted when the diameter of the glass did not exceed two or three inches; but, at four or five inches, it has sometimes cracked, after having been finished some weeks. Whether this has arisen from variation in the pressure, or bad quality of the glass from not being well annealed, I am not satisfied. In two instances, I have used the *eye* of the glass, having its convexity central. Each of these has a diameter of four inches, and has been up four or five months; one remains perfect, the other, soon after being fixed, cracked about half an inch at two opposite points, but continues in *statu quo*, and is as effectual as at first, nor would the cracks probably have been discovered had I not sought for them. The convex top, I think, improves the appearance of the bottle.

Where bubbles have yet appeared in the specimens, maceration had been continued longer than is advisable, and it is suspected decomposition had commenced before they were put into the solution.

As the expence of this salt is very trivial, I intended to have ascertained whether it might not be subservient to important purposes on a larger scale, but circumstances have hitherto prevented. My design was to have procured a small adult subject, to have divided it in such a manner that all the important parts should remain in their natural posi-

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tion, and so place them in a covered tub of the solution. If this succeed, a practitioner might always have in his possession a subject for anatomical research; for, even, should it harden, maceration in water for twelve or twenty-four hours would render it sufficiently soft for dissection, and it might easily be re-salted. The proper strength of the fluid would be kept up without inconvenience, and almost without expence. Should evaporation happen, the addition of water will prevent crystallization; and if, by frequent examination and maceration in water, the strength be reduced, only the addition of a proportionate quantity of this muriate of soda would be needful. I cannot conceive that any thing more can be requisite to ensure success than carefully to keep the animal substance beneath the surface of the brine.

In the event of success, the plan may be of incalculable advantage to country practitioners; for, however valuable dry preparations may be to illustrate the vascular system, no correct knowledge can be gained of anatomical structure, but by observing all the parts in their natural and relative positions. The conveyance of the salt to any part of the country would be effected with the utmost facility.

Some attention to the dissecting instruments will be necessary to keep them from being corroded.

Whether the common muriate of soda would avail, I cannot determine; but, as the solid salt is more effective in the preservation of meat, it is reasonable to infer its superiority for anatomical purposes. The operation by which it is distinguished in its preparation from the common salt deprives it totally of the muriate of magnesia, which, I am informed, promotes putrefaction.

It must be understood, that the plan is chiefly recommended for those to whom economy is important; at the same time, it seems applicable to some purposes for which the volatility of spirit renders it unfit.

It did not concur with my object, to sanction these experiments with the approbation of distinguished characters, yet, independently of the personal honour I feel in being permitted to introduce the name of Sir Joseph Banks, the permission derives importance from the influence which he has long illustriously diffused by a most liberal cultivation of the arts and sciences.

At the request of Mr. London, and by a previous arrangement with Sir Joseph, I laid before, and left with him, the specimen No. 1, and that of the eye alluded to above, and waited on him a few days since to ascertain the result. He said they had been shewn to several eminent anatomists who resorted thither, and, in general, the plan was considered

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novel,—much approved,—and deemed highly worthy of an extended trial. The specimen of the eye, he said, was especially admired.

Great Prescot-street;
Feb. 1, 1817.

For the London Medical and Physical Journal.

Facts and Observations on Diabetes; by Mr. C. W. SMERDON.

MRS. C. a native of Ireland, and mother of many children, between thirty and forty years of age, was attacked, about fifteen months ago, with raging thirst, violent spasmodic pain about the scrobiculus cordis, occasional sickness and vomiting, and severe pain of the loins. Her drink she estimated at from ten to twelve quarts a day; and her urine, which was always colourless and insipid, was in proportion to the quantity of liquid taken in. She rarely perspired even in health, unless in consequence of considerable exertion; but she is now sensible of constantly dry and arid skin. At the time of this attack, she was a nurse, and, notwithstanding the violence of the disease, her milk continued undiminished, and, as far as she knew, its quality was the same. Her appetite has never been craving. A continual burning heat of her feet and hands was particularly distressing to her, from which she found some alleviation by keeping them exposed to a stream of cold air. She has constantly an unpleasant feeling of heat extending down the œsophagus into the stomach, but the violent pain of this viscus and the loins, attended with sickness, usually recurred in paroxysms after short intervals. The severity of these attacks was so great as to confine her wholly to bed, and all the other symptoms of her disorder were likewise greatly increased. She remarked, that these paroxysms were always preceded by an increase of thirst and heat of skin; and she is convinced that they were either produced, or greatly aggravated, by the immense quantity of cold liquids which her constant craving for drink compelled her to take in. On one occasion, so great was the pain of the bowels and loins, that the medical man first called in, being a stranger to the existing disease, applied a blister to the abdomen, under the idea that she had enteritis. This attack was alleviated by laudanum and purgatives. Before she was the subject of diabetes, her spirits were remarkably good, and her constitution apparently robust; but, without any secret cause, she afterwards became low, careless of her domestic

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domestic concerns, and at times so averse to amusements, that she has sat a whole evening with a chearful party of her most intimate friends without speaking a word, or taking any notice of surrounding objects.

In consultation, it was determined to give blood-letting a fair trial, but the plan was desisted from after the first bleeding, because the blood drawn had a perfectly healthy appearance. The warm-bath always increased the diabetic symptoms, particularly the heat of her hands and feet. Blisters were applied to her loins, and kept open for some time without any beneficial effect; and, with no better success, she took the carbonated lime water, alum whey, and emetics. At length, the failure of all medical assistance in her own country, and the alarming state of her health, determined her friends to bring her to England. She went to Shrewsbury, and consulted Dr. Darwin, who recommended a diet consisting entirely of animal food. This plan, which she persisted in with great difficulty for about a week, completely disagreed with her. She became much worse, and, notwithstanding her weakness was great, she was recommended to lose no time in coming to Clifton. For the first two days after her arrival here, her thirst was extreme, and she estimated her drink at two gallons a day; from this time she began apparently to recover; the craving for drink became more moderate; and her strength and spirits returned in proportion to the decrease of the disease. When the urine evacuated was decreased to seven pints a day, I obtained some of it to examine. It was clear, depositing no sediment on standing, and hardly in appearance distinguishable from common water; its smell was faintly urinous; taste rather salt; but, as it regards sweetness, perfectly insipid. The oxymuriate of mercury, and the muriate of lime, threw down precipitates. On standing for two days, it began to exhale a fœtid odour, and floculi were deposited. Eight ounces, by slow evaporation, yielded twenty-five grains of solid matter; from which I obtained four grains of crystallized urea, seventeen grains of saline matter soluble in water, and four grains of a residuum insoluble in either water or spirit of wine. Hence this urine deviated, in its component parts, from healthy urine, only by containing a greater proportion of water.*

Mrs.

* In the Medico-Chirurgical Transactions for 1812, there is a case of diabetes insipidus, published by Dr. Bostock, in which the residuum, left by slow evaporation of the urine, did not differ in its

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Mrs. C. has been here now about six months; at the end of the second and fourth month she was weighed, by which it was ascertained that she had gained two pounds and a half within that time; her appearance, strength, and spirits, are also much improved. From the commencement of her disease to the period that she left Ireland for this country, she is convinced that she must have lost in weight more than twenty pounds. A more convincing proof than this cannot be, of the decided check which has been given to the disease, either by the powers of nature, the change of air, the Hotwell water (which she drinks medicinally), or the remedies employed;* but, although all the symptoms are greatly mitigated, it does not appear that she has entirely lost any one of them: she still feels the heat of her stomach and œsophagus; her tongue is furred and chapped; her skin dry and glossy; and she is seldom without a sense of uneasiness in her loins,—this rarely amounted to pain, but is a feeling of

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physical properties from the extract of healthy urine; this corresponds exactly with the case above narrated. But, on chemical examination, the doctor found, that this urine contained a great quantity of animal matter; so that, while his patient was passing daily seven pounds troy of urine more than the average quantity, she was discharging in that time between nine and ten ounces of solid matter, or eight ounces and a half more than the regular quantity. Without seeking for any other cause, we have here a very sufficient one to account for the gradual waste of the body in this disease; and not only in this disease, but also in others, in which, notwithstanding the appetite for food is unimpaired, the subjects of them die in a state of the greatest emaciation. In tabes mesenterica and phthysis pulmonalis, which are frequently attended by a depraved appetite for food, the excreta will, I believe, pretty generally be found loaded with nutritive or animal matter. The average quantity of solid matter daily lost by urine, according to Dr. Bostock, is six drams. Wilson, in eight pints of urine, daily discharged above five ounces of solid matter; and Mr. W. whilst at Clifton, averaged about three ounces. In many of the cases on record, if we may judge by the bulk of urine evacuated, (which, however, is not a just criterion,) the quantity of solid matter lost must have been a great deal more than either of the above. But this subject, in the generality of cases published, has not been attended to as much as it ought. Mrs. C.'s case is a remarkable instance of the reverse of what usually takes place, and particularly with respect to the case of Dr. Bostock: in six pints of urine (which is just double the daily average quantity), Mrs. C. only lost four drams and a half of solid matter.

* These were, a blue pill taken every alternate night, and a little sulphur in the morning.

weakness,

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weakness, as if she was falling away from herself as she expresses it;† her pulse is low, and ranges from sixty to sixty-four in the minute. Her appetite is good, and, until lately, she has eaten a large proportion of animal food. Her thirst has not been urgent; she has drunk, for some time past, seven pints of the Hotwell water in the twenty-four hours, a part of which, however, rather as a medicine than for the mere purpose of allaying thirst. About three weeks ago, she commenced taking lime water in divided quantities of twelve ounces a day; and, at the same time, changed her diet for one principally consisting of vegetable and farinaceous food. She has also reduced the quantity of drink as much as possible by these means, as might very naturally be inferred; the diabetic symptoms are still further diminished, particularly the fever, the heat of her stomach, and the unpleasant sensation of her loins.

Such are the general, though imperfect, outlines of this interesting case; she has taken but little medicine since she has been here, except what has already been noticed; for, what remedy could conscientiously be recommended for an obscure case like the present, in which the symptoms are so greatly mitigated without any?

It would be important in a pathological view to ascertain, whether the diabetes insipidus be a distinct disease, or merely a variety of the sweet kind. Now, if we contrast the symptoms of each, we shall be so struck with their similarity as to be satisfied that they arise from one and the same cause; but, if we merely examine the urine of each species without attending to symptoms, the conviction on our minds would be quite the reverse. Before, however, we could form a correct judgment on this subject, it would be necessary to determine the following queries.

1st, Do the peculiarities in the urine of the saccharine and insipid diabetes vary, or alternate with each other?

2dly, Does the presence or absence of saccharine matter constitute the only distinctions between insipid and sweet urine.

From several examinations, I am satisfied, that Mrs. C.'s urine has not varied from the analysis I have just given since her residence here; and, I have good authority for believing, that it never has, further than that of containing a greater

† It is worthy of remark, that this sensation of debility is greater at night when in bed, and is sometimes accompanied by an unaccountable lowness of spirits, which either disturbs her rest, or awakes her out of sleep.

proportion

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proportion of solid matter. If, therefore, a conclusion might be drawn from a single case, the first question must be answered in the negative. But, in the case before alluded to, Dr. Bostock, on one occasion, detected saccharine matter, although he found in the same specimen all the constituent properties of the urine: he was, therefore, led to conclude, that the insipid is sometimes converted into the saccharine diabetes, and that the two states probably alternate with each other, until, as the constitution becomes more and more impaired, the saccharine state of the urine predominates. This opinion, I believe, will not bear the test of experience, but the high authority from whence it originated is alone sufficient to render it worthy of notice.

If, however, there be one well marked case of diabetes insipidus, which, from its commencement and for a long period afterwards, has uniformly retained its characteristic marks, such a case, even on this account, is worthy of consideration, since it undoubtedly proves, that the morbid actions, on which the altered state of the urine depends in the saccharine diabetes are not to be found in every case of the insipid species. This distinctive mark, if established, must also lead to some distinction in practice. The animal diet is only intended to prevent the formation of sugar, by abstracting that portion of the food which is susceptible of the fermentative process; but surely, where existing circumstances do not, on this principle, at all indicate the necessity of such a diet, its adoption must evidently be the means of exasperating all the worst symptoms of the disease.

The second question may be answered with much greater certainty. The urine of the saccharine diabetes, when evaporated, leaves a black treacle-like residuum, and which happens whether it contains sugar or not, as we learn by Mr. W.'s case. This morbid appearance of urine is occasioned by extraneous matter, and is, I believe, peculiar to the diabetes mellitus. The absence of urea, and the effervescent quality of the urine, when evacuated, also characterize the disease to which they belong; and point out the certainty of some established distinction between it and the insipid diabetes; in which, neither these peculiarities, nor others which have been mentioned, are found.

It may, however, very justly be doubted, if the establishment of these points can be of any utility to us in practice; and, indeed, from a review of all the symptoms of this case, I am decidedly of opinion, that it is as favourable for the bleeding plan, as any that has ever been published.

Clifton, Bristol; Oct. 27, 1816.

For

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For the London Medical and Physical Journal.

Contrariety in Surgical Practice; by A VALETUDINARIAN.

THERE is scarcely a profession wherein there exists a greater difference of opinion, so far as regards the practical part of it, than in that of surgery, especially as to the treatment of what is termed Cancer. It is a complaint which, by most surgeons, has been deemed incurable, except by *extirpation* by the knife; and then the disease has been frequently known to recur. Two gentlemen have obtained considerable notoriety by their modes of treating this disease. The method of the one, however, is diametrically opposite to that of the other; but, which of the two is to be preferred, I must leave to the consideration of their brethren and the public, or rather to their patients. While the one removes the diseased part by *extraction*, by an application of his own,—the other, equally singular, gets rid of the cancer by means of *pressure* made on the part affected; or, in other words, the one draws *out* the tumour or ulcer, when the other presses it *inward*. Both these gentlemen stand high in the profession, and have followed their several modes for some years—the first about ten, and the latter about three, years. The one supposes, that, by pressing the part till the whole becomes absorbed, the person is thereby cured;—while the other carefully avoids all pressure, making his application to draw out the diseased substance only, and permits the cavity to heal to its natural level—his patient likewise recovers.

It is not my intention, Mr. Editor, at present, to offer any remarks on either of these gentlemen's practice, further than to repeat that they are, unquestionably, very opposite to each other.

London; Feb. 2, 1817.

We are much obliged to this gentleman for his remarks; and, if he will pursue them systematically, we hope it may lead to a more accurate discrimination of the diseases so generally confounded under the term Cancer.—EDIT.

For the London Medical and Physical Journal.

Mr. WALKER's *Table of Comparative Quantities in Pharmaceutical Compositions.*

SHOULD the following table, which I have myself found extremely useful as an occasional reference, be deemed not unworthy your notice, you will have the goodness to insert

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sert it. There is, I apprehend, more of practical utility in it, than ingenuity in its construction.

A Table for ascertaining, in any given or assumed Quantity, in any Pharmaceutical Composition, the proportional Parts of the various Articles which enter into such Composition.

1	2	3	4	5	6	7	8	9
	℥ ʒ gr.	℥ ʒ gr.	℥ ʒ gr.	℥ ʒ gr.	℥ ʒ gr.	ʒ gr.	ʒ gr.	ʒ gr.
℥ 32	16	8	4	2	1	½	¼	½
16	8	4	2	1	4	2	1	30
15	7 4	3 6	1 7	7 30	3 45	1 53	56	28
14	7	3 4	1 6	7	3 30	1 45	53	26
13	6 4	3 2	1 5	6 30	3 15	1 38	48	24
12	6	3	1 4	6	3	1 30	45	22
11	5 4	2 6	1 3	5 30	2 45	1 22	41	20
10	5	2 4	1 2	5	2 30	1 15	37	19
9	4 4	2 2	1 1	4 30	2 15	1 7	34	17
8	4	3	1	4	2	1	30	15
7	3 4	1 6	7	3 30	1 45	53	26	13
6	3	1 4	6	3	1 30	45	23	11½
5	2 4	1 2	5	2 30	1 15	37	19	9½
4	2	1	4	2	1	30	15	7½
3	1 4	6	3	1 30	45	22	11	5½
2	1	4	2	1	30	15	7½	3¾
1	4	2	1	30	15	8	4	2
ʒ 7	3 30	1 45	52	26	13	6½	3¼	1½
6	3	1 30	45	22	11	5½	2¾	1½
5	2 30	1 15	37	19	9½	4¾	2¼	1⅛
4	2	1	30	15	7½	3¾	1½	1
3	1 30	45	22	11	5½	2¾	1¼	¾
2	1	30	15	7½	3¾	1¼	¼	½
1	30	15	7½	3¾	1½	¼	½	¼
gr. 50	25	12½	6¼	3⅛	1½	¼	¼	⅛
40	20	10	5	2½	1¼	¼	¼	⅛
30	15	7½	3¾	1⅞	1	⅛	⅛	1/16
20	10	5	2½	1¼	⅛	⅛	1/16	1/32
10	5	2½	1¼	⅛	⅛	1/16	1/32	1/64
9	4½	2¼	1⅛	⅛	⅛	1/16	1/32	1/64
8	4	2	1	⅛	⅛	1/16	1/32	1/64
7	3½	1¾	⅞	⅛	⅛	1/16	1/32	1/64
6	3	1½	¾	⅛	⅛	1/16	1/32	1/64
5	2½	1¼	⅝	⅛	1/16	1/32	1/64	1/64
4	2	1	½	⅛	1/16	1/32	1/64	1/64
3	1½	¾	⅜	1/16	1/32	1/64	1/64	1/64
2	1	½	¼	1/16	1/32	1/64		
1	½	¼	⅛	1/32	1/64			

N. B.—In the application of this table, consisting of nine perpendicular columns, it must be constantly recollected, that a pint of any liquid in measure is sixteen ounces, but that a pound in weight, of either solid or liquid, is twelve ounces; the ounce in each is divided alike; the minim measure, in liquids, corresponding to the grain in solids; and that two drops, ordinarily speaking, of any spirituous tincture, are equal but to one minim.

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The use of this table may be exemplified thus:—Suppose it be required to know the strength of a drachm of tincture of jalap, in which eight ounces of jalap have been infused in thirty-two ounces (two liquid pounds or pints) of spirit. First, find out the larger quantity of the medicine given, which, in this instance, is the first quantity in column 1, viz. thirty-two ounces; secondly, find out the quantity, the strength of which is to be ascertained, on the same horizontal line, viz. one drachm, which is in column 9; thirdly, find out in column 1, the quantity of the article infused in the larger quantity of the liquid, viz. eight ounces, carry the eye on the same line to the quantity given in the column of 1 drachm, viz. 9, which is fifteen grains, exhibiting the quantity of jalap infused, or the strength of one drachm of tincture of jalap, according to the first given formula. The application of the table is after the same manner in the composition of solid as well as liquid medicines, as powders, pills, &c.; for, showing the proportions of each ingredient to the other, in any given or assumed quantity. Where unequal quantities occur, that is, such as do not appear in the perpendicular column of fig. 1, as twenty-four ounces for instance, two columns must be gone through, viz. 16 ounces and 8 ounces, after a similar manner; or one half, or any other proportion of the primary quantities, may be assumed, and the process conducted after the same manner.

In this manner, the proportional parts of each, or the principal ingredient only, in any given composition, whether solid or liquid, may at any time be readily found, after a little previous practice.

In the construction of this table, mathematical exactness has been dispensed with in some minute instances, such not being conveniently practicable, and unnecessary in the application of it.

The application of this table will be found extremely easy, and almost instantaneous, after a little practice, and will, I have no doubt, be found useful to others, as it has been extremely so to myself.

I have adopted the *minim measure* in this table, and elsewhere, conformably to the directions given in the London Pharmacopœia of 1809; but for my opinion respecting its practical utility, and other circumstances connected with the subject, see some observations of mine "On Weights and Measures," Medical Journal for July 1814, page 16,—observing, at page 17, for "five drops," to read "five minims."

P.S.—More and "more last words" still, from Mr. Woodham, since my last communication, I perceive. When this gentleman fastens upon any one, methinks he is not easily choaked off;—thorough game, at least, it must be allowed.

I noticed with much satisfaction your remarks on the communications from your Nestorean Correspondent, so *grossly* reprobated by Mr. Woodham in the 210th Number of your Journal, for which I beg you will receive my unfeigned acknowledgments.

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I am too conscious of having monopolized to myself more than my professional share in your valuable Journal; but, whilst I am countenanced by your approbation, to which I can add that of others, which I have noticed in print, I may, in future, venture to attribute Mr. W.'s *churlish remarks* to an immature or distempered judgment, and apply, in my own mind, the following couplet to him:—

"All seems infected, that th' infected spy,
"As all looks yellow to the jaundiced eye."

I shall, therefore, leaving him to breathe out his spleen in unheeded soliloquies, pursue occasionally, (but with more reserve,) with your indulgence, my professional career, merely leaving this observation by the way, viz. that Mr. W. (poor deluded gentlemen!) seems entirely to have mistaken the design of my communications, and, as I apprehend, his own qualification, which is, that he should *profit* by them, not *comment* upon them.

There is one error, and one only, respecting my communications, which Mr. W. has fallen into, that, possibly, no one but myself could correct, viz. that in furnishing my "lengthy" papers, he concludes I must have leisure, were I so disposed, to have paid more attention to *his* criticisms. The fact is, that I sacrifice the time, which I can very ill spare, to furnish my communications, presuming, rightly I hope, that I am performing a useful duty, but it by no means follows, that I should make a still greater sacrifice of my time and mind, in answering his petulance.

ERRATUM.—In my "Table of proportionate Doses of Medicines, &c." in the Journal for August 1815, page 104, for 1.$\frac{2}{10}$ in the second line of the third column, read 1.$\frac{2}{12}$.

For the London Medical and Physical Journal.

Observations on Accouchements, from Cases occurring in the Lying-in Hospital at Strasburg; by Dr. LOBSTEIN, first Anatomist of the Faculty of Medicine, and first Physician-Accoucheur of the Civil Hospital of Strasburg.—Communicated to the Society of Medical Emulation of Paris.

Cæsarean Operation.

I HAVE to render an account of three Cæsarean operations performed almost immediately after the death of the mothers. In truth, these operations do not differ from the opening of a body, excepting that it is necessary to proceed in the same manner, and to take the same precautions as if it were in a living person.

1. The first died at the hospital, in the eighth month of her pregnancy, of a dropsy of the chest, arising from a ne-

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glected quartan fever. The section was made in the *linea alba*. The fœtus, which was well situated for a natural accouchement, no longer existed, though a quarter of an hour had not elapsed from the death of the mother. The matrix contracted in such a manner, that, after having extracted the infant by the wound made on the anterior coat of this viscus, it was impossible to introduce the hand to seek the placenta: I therefore left it, and injected the matrix, to preserve it in the Cabinet of the Faculty. I perfectly succeeded in filling the vessels of the matrix, as well as the parenchyma and the cell of the placenta; but nothing would penetrate in the umbilical vessels of the fœtus.

Not only in this case, but also in a more recent one, I observed that the death of the child almost immediately followed that of the mother.

2. I was called, on the 4th of June, 1813, to attend Mary Salome Burger, who, I was told, was pregnant for the first time, and had been in convulsions twenty-four hours. She had expired five minutes before my arrival. She was in the ninth month of her pregnancy. The section was made in the linea alba. The uterus being opened, and the membranes pierced, I withdrew the fœtus, which had the thighs upward and the head downwards, or in the first position of *Baudelocque*. Although the body of the woman, as well as that of the child, was quite warm, the latter gave no signs of life: there was no pulsation in the umbilical cord, and the ordinary succours were administered in vain. The incision of the uterus furnished a large quantity of blood, which flowed *en masse*. The matrix, too, contracted, as in the preceding case; but I observed no peristaltic motion in the intestines, which escaped through the wounds of the integuments.

It may be said, perhaps, that the convulsions of the mother determined the death of the child. It may be; but I have witnessed many cases of lively healthy children, where the mothers have experienced, during pregnancy and labour, strong attacks of epilepsy.

3. The third case was in a woman who died at the hospital with all the signs of a rupture of the matrix. The section being made as before, and the infant extracted, I found—1, a quantity of extravasated blood in the hypogastric region; 2, a rupture of the superior part of the posterior coat of the vagina, as well as in the inferior part on the same side: this orifice was large enough to admit the introduction of the hand; a portion of the rectum was engaged in it.

Extra-Uterine Pregnancy.

It is not only in uterine pregnancy that I have been called

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upon to open the hypogastric region, but twice also in cases where the fœtus developed itself in the fallopian tube.

I. Eve Conrad, æt. 35, married five years, pregnant for the first time. In her third month she felt, in the left iliac region, a tumour, which was very painful. Being fatigued one day with her usual labour, a fortnight after having drank more wine than ordinary, she was attacked with vomiting, accompanied by a violent colic, the lower belly tumefied suddenly, and she died in a fainting fit.

Her sudden death creating a suspicion of her being poisoned, I was ordered to open the body. After making an incision in the abdomen, which was swelled, but had not changed colour, I found the intestines floating in blood, half fluid and half coagulated: having removed this, I examined the alimentary tube, opening it from the insertion of the œsophagus in the stomach to the left colon, without meeting with any traces of poison. Having discovered, by the introduction of the hand into this part of the body, something contrary to nature, I extracted the parts of generation, internal and external, and then found the left Falopian tube forming a tumour of two inches long and eight-tenths of an inch wide, torn on the side next the pubis. A flaky tissue, which I soon discovered to be the placenta, as it is organized in the first periods of pregnancy, was interposed between the lips of the wound. Removing these flakes a little, and floating them in clear water, I at first discovered that the coat of the tube was one-twentieth of an inch thick. I afterwards perceived a diaphanous membrane, which concealed an embryo, in which I could distinctly discover all the parts of the body. Not daring to open this membrane, for fear of losing the embryo, I preserved it in spirits of wine. I next opened the matrix, which was larger than in a state of vacuity; and, by this section, I verified the assertion of John Hunter, that the *caducous* membrane exists even in cases of extra-uterine pregnancy. This membrane, which I found soft and pulpy, uniformly lined the whole of the internal surface of the uterus.

The tissue of the matrix was rather softer, and more vascular, and the round ligaments rather thicker, than in a state of vacuity. The spermatic vessels appeared larger, and the veins were gorged with blood. The left ovarium contained a yellow body *(corpus luteum)*, and the right, some testicles filled with a diaphanous lymph. The neck of the matrix and vagina were constituted as in women who have never had a child.

II. A woman, æt. 39, having been delivered the first time by means of forceps, found, two years afterwards, symptoms announcing

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announcing a second gestation, amongst which the cessation of the menses, the swelling of the breasts, nausea, vomiting, and the tooth-ach, were the most striking. Towards the end of the third month, she had a considerable discharge, by which she at first rendered clotted blood, and afterwards fluid blood, and, lastly, a large quantity of serous matter. The midwife having examined her, found the matrix of the size usual in the fourth month of pregnancy; the neck of the uterus in its ordinary direction, but thicker and softer. About a month afterwards, she complained of violent pains about the right pubis, which gradually increased, and was attributed to indigestion. In the mean time, the pains assumed the character of labour-pains;—the midwife was sent for, who, after having felt, pronounced the matrix to be full; and she fancied she felt the members of a fœtus on the right side, and across the coats of the vagina. Being lifted out of bed to go to the night-table, she fainted, and frothed much at the mouth. At the same time the belly began to swell, and the surface to be discoloured, which announced an internal hæmorrhage. The patient recovered her senses, and only complained of a burning in the right iliac *fosse*, which spread to the breast by degrees. The difficulty of breathing soon became extreme, and she could no longer remain in an horizontal position. The eyes were fixed and haggard; the saliva flowed slowly from the mouth; and she expired two hours and a half after the arrival of the midwife, who never left her an instant, and from whom I received the above details.

I opened the body the same day. The lower belly, and particularly the pelvis, were found filled with blood, half fluid and half clotted. Having extracted the internal and external parts of generation, and washed them from the clotted blood which covered them, I found,—

1. The matrix more voluminous than in a state of vacuity. The coat was half an inch thick. The cavity of the neck was filled with concrete mucus, like the white of an egg, half coagulated *(le museau de touche)*,—was perfectly smooth, and rounded, with the exception of a slope on the left side, the sign of a previous accouchement. The length of the neck of the uterus was $1\frac{1}{2}$ inches; the round ligaments were thicker than ordinary, and the matrix exhibited, in its cavity, the caducous membrane, but in a state of tenuity or softness; the vessels in the substance of the uterus were larger than in the state of non-pregnancy.

2. The right ovarium presented a great number of vesicles, some on the surface, and others towards the middle of the organ. The largest were of the diameter of from one

to

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to two-tenths of an inch. Under the external membrane of the ovarium was found a corpus luteum, as well as the traces of a second. The ovarium was, in other respects, attached to the Fallopian tube of the same side.

The left ovarium had, in its surface, a vesicle fitted with a diaphanous fluid, which coagulated in spirits of wine. In the interior we found three other vesicles, of the diameter of two-tenths of an inch, also filled with lymph. In the centre of this ovarium we perceived a cavity, with a smooth coat, half an inch in diameter every way. The membrane which formed this coat was one-twentieth of an inch thick. This grand vesicle was filled with a small portion of the fibrine of the blood. There was also observed, in the substance of this ovarium, a corpus luteum, and the traces of three others.

3. The right fallopian tube was transformed into an egg-shaped tumour, the transverse diameter of which was $2\frac{3}{10}$ inches, and the congregate $1\frac{7}{10}$ inch. On the front part of this tube, dilated, was remarked a rupture of $1\frac{6}{10}$ in., where the flakes presented themselves which constitute the placenta. The coats of the tube were not every where of the same thickness. The interior of this bag did not appear to be lined with the *caducous* membrane. The embryo was distinguished across the diaphanous membranes: it was nearly $1\frac{1}{2}$ in. long; and the length of the members was such as is common to fœtuses of that age. I endeavoured to separate the *chorion* from the *amnios*, and I thereby found that the former constituted a strong dense membrane.

The left falopian tube presented nothing in particular.

For the London Medical and Physical Journal.

On the Choice of Medical Books; by SENEX, (*not the former.*)

YOUR Young Friend but Constant Reader's Inquiry concerning the Choice of Medical Books, ought to receive every attention and encouragement from those brethren of the profession, whose experience may advantageously direct his studies.

I lament his complaint against his master, who, though willing to allow him the use of his library, yet withholds his advice as to the most eligible books which should occupy his vacant hours.

I will mention a few excellent elementary volumes; and, in a subsequent communication, will extend my observations on the future advancement of his studies.

I have

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I have been in the habit of recommending to my pupils a complete knowledge of, and a correct mode of translating, the last editions of the London and Edinburgh Pharmacopœias; at the same time attentively reading the excellent Edinburgh and London Dispensatories of Dr. Duncan, jun. and Mr. Todd Thompson.

An useful little book, published by the late Mr. Lucas, of Leeds, entitled "The Qualifications of a Surgeon-Apothecary;" and Mr. Chamberlaine's "Tyronium Medicum," are also interesting works for a young man entering upon the study of the mixed branches of the profession.

After the first and second years of an apprenticeship, the elementary principles of anatomy, surgery, medicine, and botany, may be begun. On these subjects, the works of Fyfe, Monro, the Bells, Cullen, Abernethy, Withering, Stokes, Astley Cooper, and many others whose works I may hereafter specifically mention, may be studied with manifest advantage.

In the more leisure hours of your Young but Constant Reader, a perusal of Hutchinson's Biographia Medica will afford him many excellent and valuable examples of medical characters whose zeal and industry had elevated them to the highest stations in their professions, and of others whose works had ennobled the science, and improved the practice of each department. Aikin's Memoirs of Medicine may be consulted with equal advantage.

Your Young Friend will have sufficient employment, during the first year of his apprenticeship, by an attentive perusal of the elementary volumes I have now mentioned; and I will take an early opportunity of renewing the subject.

Liverpool; Feb. 9, 1817.

For the London Medical and Physical Journal.

Dr. Balfour *in Reply to the Review, in No.* 212 *of this Journal, of his Treatise on Rheumatism.*

If self-defence is justifiable and necessary in any case, it must be in that of an author when his works are criticised "in the determined spirit of cavil." Having received from some of the most eminent medical practitioners, and, indeed, from people of every rank and denomination, in this city, the most honourable testimony to the value of my improvements in the cure of rheumatism; it is painful to be laid, as I am, under an imperious necessity to rebuff a critique, which represents my claims to novelty as arrogance, my

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my statement of facts to be exaggeration. I must, therefore, tell my Reviewer, in the outset, that a tissue of palpable inconsistency, unwarranted assertion, ungentlemanlike repulsive sneers, and illiberal inuendos, can never be sustained as "a candid statement of the principles and practice" of any book.

In the first place, then, the language my Reviewer holds concerning the principles and practice of my book, is the very reverse of that employed by another gentleman, in a review of the same principles and practice, in No. 197 of this same Journal. There my practical remarks are called valuable; my Essay, truly valuable; so much so, that the value of my improved practice would not be lessened, the writer thinks, whatever the theory of rheumatism might turn out to be. And, he not only gives me full credit for my improvement, but thinks it right to state, that my practice is adopted in London, with great advantage. The Reviewer, however, with whom I have at present to deal, denies novelty to both my theory and practice; represents my statements as illusory; and cautions his readers against giving them implicit credit. Opinions, indeed, more irreconcilably hostile than those of the two Reviewers of my Treatise on Rheumatisms, are not to be found in the annals of criticism. "But had they (the two critiques) been the production of the same writer, we see no reason, (you say,) why further experience should not have altered his opinion."—*Lond. Med. and Physic. Journ. No.* 214. Unfortunately, however, for the correctness of your opinion, and the consistency of your Journal, in this instance, the first Reviewer had experience of my practice, and bestows on it the highest praise; the last Reviewer had no pretensions to experience on the subject. And, as the spirit in which his paper is written indicates no extremely tender feelings on the part of its author, could he have told me that my plan of curing rheumatism had been unsuccessful in the hands of other practitioners, he would not have spared me the mortification. But, to determine this point, one question only is necessary: Could a man consistently affirm at one time, that a certain practice is valuable—truly valuable, an improvement, and adopted in London with great advantage; and, at another time, that the same practice is not new, that it is illusory, that its details should be read by those only who are on their guard against exaggeration, and that it has not been put to the test by any but the author? If you can answer this question in the affirmative, I have no more to say to you on this or any other subject. What is an improvement, must be new; what is truly valuable, cannot be an illusion; and, concerning

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concerning what is already adopted in London with great advantage, it is preposterous to be at a loss to determine "Whether it is likely to be attended with general success in the hands of individuals who have no system to support, and no pre-conceived notions to ratify."

In the second place, "We must be permitted (says the Reviewer) to say, that Dr. Balfour, in contending against those theories of rheumatism which make it consist in lentor of the fluids, or a peculiar acrimony,—displays his ingenuity to very little purpose." The only mention made of these hypotheses, in all my Treatise, is in these words: "Dr. Macbride and others imagine it to consist in a peculiar acrimony; others, in a lentor of the fluids."—P. 2. Now, the bare mention of hypotheses as having been once mentioned, can never be construed into strenuous endeavours to refute these hypotheses. The Reviewer, therefore, is guilty, in this instance, of a wilful misrepresentation; and with no other possible view, than to represent me as ignorant of the opinions at present entertained concerning the essential nature of the disease of which I treat. Most critics confine their observations to what is really recorded in the books they review; this Reviewer attributes a fault to me, which is not to be found in my treatise, and which never entered into my contemplation.

In the third place, "Nor is the notion quite new, (says the Reviewer,) that the seat of rheumatism is membranous rather than muscular." That rheumatism has its seat, most commonly, in membranous parts, is obvious to the most superficial observer. But I first advanced the opinion, that rheumatism has its seat in the cellular membrane, when it attacks the belly of a muscle or even a single muscular fibre equally, as when it attacks a capsular ligament, or the sheath of a tendon. Therefore my theory is new.

In the fourth place, "It may not be improper, (continues the Reviewer) to make the same observations in respect to our author's claims to practical novelty that we have before advanced in respect to his theorizing; but, surely friction and other mechanical stimuli had been thought of and practised long before our author favoured the world with his present treatise." That friction is coeval with rheumatism, no person in his senses, I believe, will deny; and it will be difficult for the Reviewer to point out a sentence in my book, where the contrary is mentioned. My mode of applying friction, however, is not the less new on these accounts. Suppose my Reviewer and I were called to two patients in exactly similar circumstances, "lying on their bed under the pains of rheumatism," unable to move their arms on

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account of a few fibres only, which often happens, of their *deltoids* being affected. Suppose, further, that we applied friction to our patients; my Reviewer in the usual way, I in my way. He would make little or no impression on his patient for a great length of time, if ever; I would ease mine in five minutes. He would require the aid of "cinchona, and of ammoniated tincture of guaiacum in large quantities," and, perhaps, of "galvanism" too, to ease his patient; my patient would require no medicine. Now, my Reviewer himself must admit, that there is a difference betwixt friction in the usual way, and as applied by me. It consists in this: Knowing, at least believing, that the pain, in such cases as I have supposed, arises from pressure on the nerves by preternaturally distended capillaries; I plunge the points of my fingers at once into the belly of the muscle, directly upon the pained part; compressing and rubbing it till the pain subsides or flies off altogether; and, when I remove my fingers, motion is found practicable. I now call the neighbouring parts into action by percussion, and then support the whole with a bandage where applicable. "I directed the patient to make diligent use of friction as often as he removed the bandage; but not of that kind of friction only which consists in stimulating the vessels of the skin. The pains in this case were deep-seated among the bones, and demanded a species of friction calculated to promote circulation in the extreme vessels of the parts affected."—See my *Treatise on Rheumatism*, page 74. Now, I call upon my Reviewer to say, when, and by whom, friction was ever applied on such principles, in such a manner, and with such effect, in rheumatism, before I did it. Till he does this, I am justified in denominating my plan, an entirely new mode of treating the complaint.

In the fifth place, with regard to the reader being "now and then reminded of Perkins's tractors and animal magnetism, while perusing (my) statements,"—I must inform the Reviewer, that, if he will take the trouble to look into Nos. 199 and 203, of the London Medical and Physical Journal, he will find cases of acute rheumatism treated avowedly on my plan, with a degree and celerity of success not exceeded by any fact recorded by me in all my thirty-three cases; and, by gentlemen too, "who have no system to support, and no pre-conceived notions to ratify." The candour of these gentlemen is, indeed, a perfect contrast to the illiberal inuendos of this Reviewer. "They (bandages) are not like medicines exhibited internally, concerning whose operation and effects we are liable to form the most erroneous conclusions. Their effects are immediate and visible. We are not

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not left at a loss to determine, whether the good produced is to be ascribed to the efforts of nature, or to the remedy employed; nor is it a matter of doubt, whether the remedy is of real advantage or not? There can be no uncertainty as to the powers of a remedy, which, the moment it is applied, enables a person to walk, who immediately, and for many weeks before, could not set the sole of his foot to the ground."—See my *Treatise on Rheumatism*, pages 68 and 69. If my patients were under illusion, at the time of my attendance, and only imagined themselves better, it is very surprising they should have continued in the same state of body and mind ever since. Madame Rey, (case 14,) for instance, who, when I was called to her, was unable to rise off her chair, had little or no use of her hands, and had not walked a step for eight years, undertook a journey, this last summer, from Edinburgh to the south of France!—Mr. Grant, (case 21,) aged 80, walked on crutches, with great difficulty, eighteen months ago; but never used them after my first visit. I met him in the street the other day, perfectly free from complaint. If this is all illusion, then Perkins's tractors are, in point of deception, a mere mock to friction, percussion, and bandages!

In the sixth place, of all the observations of the Reviewer, the most insufferable to an ingenious mind is the following: "In this view we may remark, that the perusal of the work before us may prove useful to all such as know how to add the *granum salis* to the reports of authors who are advocating a favourite hypothesis." The low and ungenerous suspicion of my having accommodated facts to hypothesis, can be entertained by that man only who could *make* a case to support a theory. I have advanced a theory, to be sure,—as likely to be true as those that have gone before it. But should the theory of rheumatism be "solved in a manner contrary to Dr. Balfour's opinion, that would not lessen the value of his improved practice." *London Med. and Phys. Journal*, No. 197.—What advantage, I would ask the Reviewer, could I have proposed to myself, in giving to the world a string of exaggerated statements. Money could not have been my object, for I have no nostrum to vend. The Reviewer himself admits, that thirty pence would purchase all the medicines I prescribed in thirty-three cases. And ephemeral, indeed, would that reputation have been, which I could have acquired by imposture. Aware, from the opposition which I experienced before I published my treatise, that it would be criticised "in the determined spirit of cavil," I read to all my patients within my reach their respective cases, lest I should, in my zeal, have unintentionally

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given the slightest colouring to any of them. Could man shew more regard for truth, respect for his own credit, or deference to public opinion? More than this,—Dr. Wood, of Perth, witnessed the effects of my operations on his patient, Mr. Chalmers; Dr. Gregory, and Mr. Bryce—President of the College of Surgeons, met me almost every day during my attendance on Lord Meadowbank, who revised his own case, and who was not the man to have complimented any human being at the expence of one jot of the truth.

I have been thus circumstantial in my reply, out of respect to those who have honoured me with their confidence, and unqualified approbation of my practice in rheumatism.

Edinburgh; Jan. 7, 1817.

A considerable part of the above paper containing original matter, and the remainder, for the most part, authorities in the writer's favour, we have thought it fair to insert it, with no other curtailments than Dr. Balfour has permitted. We may state, that, whilst our reviewers have given such general satisfaction, few authors have had courage to object to them. We must, therefore, shew our impartiality in the present instance. For the future, however, we give notice that, if answers of any considerable length are sent us, unless they contain much original matter, we must decline inserting them. They may, indeed, be circulated with our Journal, if the author is willing to pay the expence of paper and printing. But our correspondents and readers will be ill requited for their favours and indulgencies, if our numbers are to be filled with the complaints of authors.—EDIT.

For the London Medical and Physical Journal.

Remarks on the Surgeons' Bill; by A FRIEND TO RATIONAL REFORM.

ALLOW me, through the medium of your impartially-conducted Journal, to ask, from some one of your numerous readers, information on some parts of the Surgeons' Bill; and on some recent regulations connected with the public Lectures at the Royal College.

1st. As the Royal College say to Parliament, that, "from ignorant and incapable persons practising, the lives of many are destroyed," will the competence of future practitioners in *midwifery* be provided for to the satisfaction of the said College, by their becoming tributary to them, who are precluded from practically knowing any thing of the matter,—their

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their own bye-laws enforcing, "that no person who practises midwifery shall be elected a member of the Court of Assistants or Examiners;" and again, "that, if any person, being of the Court of Assistants, shall thereafter, or while he shall continue a member of such Court, practise as a man-midwife, he shall be liable to such fine, to the use of the College, as the Court of Assistants shall adjudge, not exceeding the sum of *fifty pounds* for each and every week in, or during, which he shall so continue to practise."* Do then the learned professors, by receiving fees for examinations, suppose that they can secure to the public a supply of competent men-midwives.

2dly. Do they consider the loss of lives they lament to have arisen from a want of competence in their own diplomatists, rather than from the many irregular and self-created surgeons who have intruded into the profession? and, in proposing to enforce *a year's* attendance in town for every future practitioner, do they provide for a continuance of the various lectures and dissections during the dog-days? Otherwise do they not fear that a summer spent *idly* in a metropolis abounding with fascinating allurements, may rather deteriorate than improve the intellectual acquirements and moral habits of the students? and, further, do they consider the present times as peculiarly adapted for imposing new burthens upon any part of his Majesty's subjects?

3dly. As the sums paid to the Royal College for diplomas, by members believed to be alive when the late list was published, amount to between *sixty* and *seventy thousand pounds*—as they must also have received, and be in the habit of receiving, numerous fees for examining surgeons and assistant-surgeons for the army, navy, East-India service, &c. and upon binding apprentices—and, as they now propose, by the Bill in question, to make every future practitioner of midwifery as well as surgery throughout the kingdom tributary to themselves, or to a Scotch or Irish College,—do they intend to apportion some part of this new income to the support of the College, and to desist from levying any further contributions upon their members, as being unnecessary, and, consequently, unjust?

4thly. As a 'College' is understood to mean 'a society of men set apart for learning,' and as the hall of such society is the joint property of the members or constituents of such College, who are bound, in the present case, "to pay annually the sum of twenty shillings towards defraying the

* Bye-Laws, &c. of the Royal College of Surgeons, page 27.

necessary

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necessary charges and expenses of the College,"* is it *lawful*, and, if lawful, is it *courteous*, for the Court of Assistants to refuse admittance by the usual and common entrance, to their members and co-proprietors, on all public occasions? Do the Royal College of Physicians, or the Society of Apothecaries, or any corporate body in the kingdom, when they

"———— on the beadle call,
To summon all the members to the hall," †

oblige them to enter by dark ways and passages? and do not the very fundamental laws of the said Royal College of Surgeons say, "that no member shall lose, or be in danger of losing, any of the rights and privileges to which, as a member of the College, he is entitled?"

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History of the Art of Medicine, and the Auxiliary Sciences.

Quicquid agunt medici,
nostri farrago libelli.

Biographical Notice of Menuret.

JEAN JACQUES MENURET, born at Montelimart, in 1733, displayed, from his infancy, the happiest disposition to learning. After having terminated, in a distinguished manner, his course of Humanities, he went to Montpellier to study medicine, which, in that celebrated university, has been almost constantly professed with eclat. Menuret followed, through preference, the lessons of Antoine Fizes, whose extravagant opinions he too often adopted. Adorned with the diploma, he united private study with the public duties of his profession. Diderot and Dalembert, at that period, executed an enterprize sufficient to immortalize them: they laboured, with indefatigable ardour and prodigious talent, in the continuation of the Encyclopædia which they had created. Admitted amongst the number of architects of that grand monument

* Bye-Laws of the Royal College of Surgeons, page 24.
† Garth.

of

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of French glory, Menuret shewed himself worthy of the glorious choice. The articles he furnished are generally written with great purity of style, and sometimes with elegance: amongst others, we may name Death and Somnambulism. Others present, in a pure style, paradoxical ideas and inadmissible theories: these are very prominent in the articles Inflammation and Pulse.

The revolutionary tempest troubled the repose of Menuret. The circumstances (says Dr. Montegre) which compelled him to expatriate himself have an historical character, and deserve to be known. He was Dumourier's physician when the Commissioners of the Convention waited upon that General with the order to return to Paris, to have his conduct enquired into. This order was equivalent to that of taking his head to the scaffold. Dumourier, embarrassed by the situation in which he found himself, and, perhaps, not yet decided what to do, on seeing his physician enter the room, said, "Well, Doctor, have you any remedy against this disorder?" "Yes, General," replied the Doctor, "a little recipe of disobedience."* It is well known how the General made use of the recipe; but he published the anecdote, and Menuret, compromised thereby, was obliged to seek an asylum in a foreign land. He chose for his retreat the city of Hamburgh, of which he has described the air, water, &c.

As he had only quitted his native land with regret, he seized the first favourable occasion of returning without danger. The learned societies of Paris, of which he was a member, congratulated themselves on his return, and several others admitted him into their number. The Physician of the Indigent, and a Member of the Committees of Benevolence in his quarter, he filled these functions, at once so interesting and so painful, from choice as well as duty. Those who were intimately acquainted with him assure us, that, when summoned at the same time to attend the couch of princes and the bed of poverty, he consecrated to the latter his first visit. At the age of seventy he still enjoyed good health, yet one of his medical friends, finding him one day low spirited, asked him if he was unwell?—No, my friend, thank God, I enjoy a tolerable state of health; but it pains me that old age deprives me of one of my sweetest enjoyments, and I cannot mount up to the fifth story.

This venerable philanthropist terminated, in 1815, at the age of 82, a career rendered equally illustrious by his virtues and his talents. He published many excellent works;—that on Contagion is highly curious, though some may object to several of the hypotheses.

"For contagion to take place," says Menuret, "it is necessary that a molecule of matter should be detached from the sick body,

* Professor Corey, the colleague of Menuret in the army commanded by Dumourier, gives the Doctor's receipt differently—"With 2 grains of disobedience, and as much firmness, I am persuaded, General, you will be relieved from it."

and

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and received by the sound one; and that it should bear the imprint and germ of the disorder, to re-produce in the latter the same order of essential symptoms. These contagious corpuscules are called Miasmia; their tenuity hides them from the sight, and we only know them from the effects.

"The small-pox is one of the sinister children which the sun engendered in the stagnant waters of the Nile. The air at first received this new germ, and lodged it on the inhabitants of these infected countries. Carried, by the same means, to other bodies, the seeds germinated, vegetated, and fructified in the same manner, till it has been successively spread, and, as it were, naturalized, in almost all the regions of the known world."

In his essay on the Means of forming good Physicians, and on the reciprocal Obligations of Medical Men and Society (Paris, 1791), he gives a rapid and animated sketch, and, at the same time, a very exact one, of the various branches of the art of healing, and traces with energy the duties he had scrupulously fulfilled.

"Devoted to the solace of suffering humanity, the medical man ought to bind himself never to hear the cry of sorrow in vain, and never to prevent its reaching him, but to fly the moment he hears this imperious signal. At that moment, neither his liberty, his leisure, nor even his existence, is properly his own. Exclusively devoted to the wants of others, he ought to be entirely obedient to them, without any distinction of time or persons. The sacrifice or the interruption of his pleasures, his repasts, and even the hours of rest, are often necessary. It is a tribute which humanity imperiously commands, and woe to him who neglects her voice—woe to him who despises it when it claims his aid in favour of the poor and obscure citizen. But, if he possesses not sensibility?—if he possesses not sensibility! he is not a physician, or ought not to be one; he is only a vile mercenary, a cruel being, making health only a dangerous trade."

Medical Bibliography—Winter, 1816; abridged from Dr. Chaumeton.

(Continued from p. 170.)

I do not pretend to justify the too mechanical ideas of the immortal Boerhaave on Secretion; but is it necessary equally to reject the plausible theory of Bordeu. This learned physiologist considers every gland as endowed with a kind of sentiment and taste, which only permits the admission of one kind of fluid into its tubes, and excludes all the rest. He places secretion under the immediate influence of a peculiar nervous power, which excites a titillation in the glandular organs, and produces an erection. Bordeu is accused of not having explained himself with sufficient precision, by the reviser (M. Coutanceau). I should be, I confess, less rigid than the author on this point, though I entirely agree with him that the chemists have thrown no light on the nature of semen. This fluid, so remarkable amongst the other wonders

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ders of organization, by the property it possesses of communicating to germs, by simple contact, the first vital impulse; for I do not suppose that any physiologist or physician, however he may have been led away by the seductive charms of modern chemistry, can ever so far forget himself as not to recognise the impenetrable mystery in which the re-production of beings is shrouded, and seek an explanation of it in the bottom of a crucible.

Assimilation is the result, the consequence of nutrition, on which, if we are to believe M. Coutanceau, the chemists ought to be silent, notwithstanding their fancying that they have resolved the principal problems relative to this important function. "They do not fail to insist on the notable quantity of phosphate of lime contained in milk; and in which they are resolved to find, as a final cause, the ossifications of a new born child. I confess I see nothing in this but a barren conclusion. Phosphate of lime appears to me only to be found in milk, because it exists in all albuminous fluids, the reason of which I am equally a stranger to. Muriat of potash is also found in milk, and even in a still greater quantity. Let them, therefore, tell us what is its use in the animal economy. Far from the presence of a calcareous phosphat, in the first aliment of the mammifera, serving to enlighten me on the mechanism of ossification, were I to attach an importance to it which it does not possess, I should only be the more perplexed to conceive how this function could operate in the fœtus, deprived of such a resource; how it is continued after lactation, whatever species of food may be taken into the stomach; and how it is produced in reptiles and birds, which, in the first stages of their existence, are not fed with milk, like the mammiferæ.

There are, however, several phenomena, absolutely chemical, and cited as such by M. Coutanceau, as

1. The colouring of the skin and hair, by being exposed continually to the rays of the sun.

2. The coagulation of albuminous matter, which exudes from a wound or ulcer; and that of the blood itself, which becomes clotted at the extremity of the small vessels, divided by a recent wound.*

3. The existence of soda, in the state of carbonate, in the mucus, while it presents itself, in the form of caustic soda, in all the other albuminous fluids wherein it is met with.

4. The formation of concretions, of various kinds, which are observed in different parts of the animal economy, and particularly in that of the urinary calculi.

5. The action of several poisonous substances, whether on the internal membranes of the stomach or upon one another.

6. The alteration, the acidification, the coagulation, of milk; and the oxidation of metals introduced into the alimentary tube.

* We regret much to read this passage from so ingenious an author. What is the chemical process to induce coagulation in this instance?—Edit.

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These, it will be seen, are but weak concessions, and even these M. Coutanceau makes with regret, and endeavours to lessen the confidence they might seem to inspire for chemical applications, which are confined, in his opinion, to *surfaces*. "I call exterior, in relation to the animal economy, the phenomena which actually pass in its bosom; and yet nothing can be more exact than this description, for the fluids contained in the grand cavities of the human frame to receive the substances destined for absorption or excretions, as the stomach, the bladder, the intestinal canal, &c. and particularly the bronchial cavities, are evidently susceptible of being brought into immediate contact with the atmosphere, and to communicate with it without the aid of any continued solution. Suppose the natural orifices sufficiently dilated for the external air to penetrate all their depths with the same facility as it touches the exterior of the skin. The fluids contained in these grand reservoirs may be thus considered as external, or out of the body.

Is chemistry, then, capable of serving as a base for the general classification of disorders? M. Coutanceau strongly pronounces in the negative. All the resources of the mind are employed by M. Coutanceau to reduce to their just value, or rather to nothing, the influence of chemistry, which he places far below general physics. "She must not," says he, "servant as she is, and ought to be, set herself up as a mistress, and seek to initiate herself in the mysteries of organization, which are the exclusive patrimony of the physiologist and the physician, &c."

HEALTH.

It would be improper to state, in a medical journal, that medicine cures but few disorders;—I will therefore simply observe here, that the art of preventing human infirmities appears to me infinitely superior to that of curing them. What homage is not due to the physician who knows how to preserve an unalterable state of health, and prolong and sow flowers in the path of life. I one day propose to publish a work on this subject. I may observe here, that, whatever serves to deteriorate health, ought, as a matter of public morals, to be strictly watched over. I have seen cisterns, wells, bridges, and canals, in such dangerous states and situations, that they actually seemed so many snares laid to produce accidents.

The Romans punished with severity the driver who caused accidents, either by his unskilfulness, or his driving too rapidly. The same law exists in all great capitals. The misfortune is, it is too negligently executed.

The art of poisoning is much better known, and carried to greater perfection, amongst civilized nations, than amongst the savage tribes. They sometimes poison their arrows, with which they combat their enemies; but they have not arrived at the refined villainy of offering, with a calm and even affectionate air, the cup of death to their nearest relatives.

(To be continued.)

Extract

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Extract from a Paper, by Sir William Adams, *on the Restoration of Vision, when injured or destroyed, in consequence of the Cornea having assumed a Conical Form.*

[The above having been incorrectly printed in the Journal of Science and the Arts, is now offered in its present form.]

Among the causes producing short sight, is a morbid thickening of the transparent cornea, which has been usually termed Conical Cornea. One of the first, and, I may add, the best descriptions yet given of it, has been by Doctor Léveillé, an eminent French physician, and translator of Professor Scarpa's work on Diseases of the Eye, into the French language.

The conical cornea, although a disease not so frequently met with as many other morbid affections of the eye, is yet by no means of rare occurrence; and any curative effort which is capable of being successfully exerted, becomes the more interesting, the advanced stage of the disease (as far as I have been able to learn) having been hitherto considered by authors as incurable.

It is, therefore, highly gratifying, that the resources of art are found competent to afford effectual relief even in this apparently hopeless case, in which, although it is impossible to remove the disease itself, when thus fully formed, yet, by taking away one of the healthy parts of the eye, whose use is similar to that of the diseased growth of the cornea (which does not admit of removal), vision, it will be shewn, may be restored nearly to perfection.

The malady in question commences by a morbid growth of the whole substance of the cornea, but more particularly its central part, situated opposite to the pupil, and the patient's degree of short sight increases in exact proportion to this growth, which takes place without inflammation, and, in general, without opacity. Its advance, unless arrested by the appropriate medical treatment, is usually slow, but progressive, until, at length, the cornea, instead of being a regular segment of a sphere, wholly losing its natural curvature, assumes a conical form.

This change of structure produces some curious phenomena in the appearances as well as the uses of the cornea. On examining it in front, it assumes an unusual degree of sparkling brilliancy, nearly resembling crystal, except (as is sometimes the case) where there is an opacity in the apex of the cone. Doctor Léveillé attributes this brilliancy to the cornea's strongly reflecting, instead of transmitting, the rays of light; by which he supposes, that the pupil becoming contracted, in a strong light, thereby produces an imperfect and confused sight: but this explanation of the cause of the patient's imperfect vision, it will, however, be hereafter shewn is erroneous. If the cornea be examined laterally, the thickening, it will be observed, gradually increases from its circumference to its centre, where the apex of the cone is usually seated, although, in some instances, I have seen it on one side of the centre. When the cornea is similarly examined, opposite to a strong light, its

 thickness

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thickness at the base may, in general, be traced, while the sugar-loaf form of the apex renders it impossible to be mistaken for any other disease of the eye.

The change which this disease produces, in respect to vision, is very important. Soon after the commencement of the diseased growth, the patient complains of being unable to see objects distinctly, at the usual distance; and his power of vision becomes gradually shortened, in proportion as the disease advances, until, at length, he is unable to perceive minute objects with any degree of distinctness, however near they may be placed to the eye; and cannot make out large ones when above three or four feet distant. In fact, vision is destroyed in relation to the useful purposes of life, and he becomes nearly as dependant as if totally blind. Indeed, I once saw a young lady labouring under this disease in both eyes, who did not venture to go any where without a guide.

The disease generally begins at the first in one eye, and a similar affection commonly succeeds in the other. I have met with it in almost every stage of life, from a girl of sixteen to an old lady of seventy, and am not aware that it is peculiar to any sex or age, although I have certainly seen it much more frequently in women than in men, and more in young than in old persons.

The opinions generally entertained of the cause of the disease in question, appear to me to have been incorrect, and have necessarily led to an erroneous practice, in the attempts which have been made for its alleviation. The conical form of the cornea has been attributed to an over-distension of that tunic, occasioned by a superabundant secretion of the aqueous humour, which, continually stretching the cornea, has gradually occasioned it to yield to the pressure from within, and thus produced the alteration in its form. To remove this supposed over-distension, it has been usually recommended to evacuate the aqueous humour, by puncturing the cornea, and afterwards to employ pressure—astringent collyria, &c. to prevent its re-accumulation. Experience has, however, shewn the total inutility of these modes of practice. The operation of evacuating the aqueous humour has been, in some instances, repeated several times, without any permanent advantage being found to result from it; and, although it is an operation neither painful nor difficult to perform, yet is sometimes dangerous; for if the crystalline lens should be wounded by the instrument with which the puncture is made, cataract will most likely ensue; and I have been informed of a case, where this actually occurred, during the attempt to evacuate the aqueous humour.

Having, at an early period of my practice, been impressed with the opinion, that the conical form assumed by the cornea in this disease, was the effect of a *morbid growth* of that tunic; and that the short sight experienced by the patient was to be attributed to its increased refractive power, and which, together with that of the crystalline lens, brought the rays of light to a point far short of the retina, it occurred to me, that, as it was impossible to remove the

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the morbid growth of the cornea, without rendering it unfit for the transmission of light, a useful degree of vision might be restored by the removal of the crystalline lens. I was the more strongly led to form this conclusion, after having myself tried the experiment of looking through deep convex spectacles, such as are employed by patients after the removal of cataract, which, I found, produced a confusion of sight, very similar to that which I had heard described by persons in whom the cornea had been conical in the extreme degree. I, therefore, resolved, more than six years since, while surgeon to the West of England Eye Infirmary, instituted at Exeter, to remove the crystalline lens in a case in which that body had become opake, and also affected with conical cornea. Some circumstances, however, prevented the patient, who was a young woman, and a pauper, from being sent to me to the Infirmary. About three years since, another patient, from the country, an old woman, nearly seventy years of age, placed herself under my care, labouring under this disease, accompanied with cataracts, in whom I successfully removed both the cataracts, and had the gratification to find her vision thereby restored to an extent which far surpassed my most sanguine expectations. I observed that she was capable of seeing much more distinctly without convex glasses than is usual for persons who have undergone the operation for cataract, while, with a convex glass, she could read small print without any difficulty. Not being able to ascertain the degree of vision which this patient experienced previously to the removal of the cataracts, nor whether the diseased change was going on in the cornea and crystalline lens at the same time, I necessarily cannot state the exact amount of the benefit which she derived from the operation. This, however, was demonstrated—that, by the removal of the crystalline lens in eyes affected with conical cornea, nearly perfect vision was restored; while, it is well known, that in cases of conical cornea, where no cataracts exist, vision is usually as imperfect as if the latter malady formed a part of the patient's disease.

The favourable result of this operation fully confirming the opinion which induced me to perform it, I determined, at the earliest opportunity, to try the effect of removing an healthy crystalline lens, as a remedy for blindness produced by conical cornea. A favourable case presented itself the following year, in a young woman, who, during six years, found her sight gradually decreasing, and, at the expiration of that period, had become so blind, from this disease, as to be unable to continue her employment as a servant, and was, in consequence, obliged to apply for parochial maintenance. Shortly afterwards she was sent to an Eye Infirmary in London, where receiving no benefit, she was subsequently brought to me, and solicited, in the most urgent terms, the trial of any practice which afforded a prospect of restoring her to sight. I carefully examined her eyes, and found that the cornea of both eyes had assumed the conical form in a great degree, attended by a slight

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a slight opacity in the apex of each cone, but none whatever in the crystalline lens. She could walk without a guide, and could see at three or four feet distance, so as to avoid running against any person, but had entirely lost the power of reading, or perceiving minute objects, however nearly they were placed to the eyes.

I effected the removal of the crystalline lens, by causing it to be absorbed, which method of operating is to be preferred to every other hitherto practised, whether the lens be opake or not, in cases where, like the present, it admits of being freely divided. The patient, however, returned to the country before the eye had entirely recovered from the operation; and I did not see her again until nearly twelve months afterwards, when I was in the highest degree gratified to find her capable of discovering minute objects, and reading the smallest sized print, without the assistance of a glass, while holding the book at the usual distance of ten or twelve inches from the eye, nearly as well as she ever recollects to have done. The usual cataract spectacles for near objects, of two inches and a half focus, confused her sight nearly in the same manner as before the crystalline lens was removed, while with those of nine or ten inch foci, her capability of seeing minute objects was somewhat improved. She saw objects at a distance better without than with any glass I could find; whereas the usual standard for distant vision, after the operation for cataract, is four inches focus. She now neither uses a glass for near nor distant objects, has again returned to service; and a gentlemen told me, who has recently seen her, that she accurately described to him an object which was considerably more than a quarter of a mile distant. Twelve months after undergoing this operation, I operated upon the other eye; but she again left town before the eye had recovered itself, and before the lens was entirely absorbed. Previously, however, to her departure, she could read small print with this eye, by the assistance of a convex glass of two and three quarters inches focus, while with one of nine inches focus the sight was greatly improved in viewing distant objects.

In returning to the consideration of the case detailed of the young woman with the conical cornea, it may, perhaps, be supposed, that by admitting the susceptibility of the retina to have been encreased by its being twelve months exercised after the operation, and the adjusting powers of the eye to have been acquired from the same cause, that I abandon my opinion, that the morbid degree of refraction of the light in its passage through the thickened cornea, together with the natural refraction produced by the crystalline lens, were the cause of the confused and imperfect vision previously experienced by the patient; this, however, is not the case, as the fact of the girl being capable of seeing after the removal of the lens, which was not in the slightest degree opake, after having been blind previously, shews clearly that the refractive powers (the conical cornea and crystalline) were too powerful, and that the cure was effected by the removal of one of them. But what I conceive proves the accuracy

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of these inductions is, that in the earlier stages of the disease, when the thickening has not attained the height it had reached in the case alluded to, the greatest assistance is afforded to the patient's vision by the employment of concave glasses. It is not, however, my intention to urge, that the refractive power is equally great in the thickened cornea as in the crystalline lens; on the contrary, I think that a convex glass of a less magnifying power than that usually required after the removal of cataract, may be frequently employed to great advantage in cases of conical cornea. Were any further arguments necessary than those adduced to prove that the short sight of the patient is occasioned by the morbid thickness of the cornea, and not by the superabundant quantity of the aqueous humour, as has been supposed, it would be, the well-known fact that water possesses little comparative refractive power, while, from the dense structure and the form of the conical cornea, it is as evident that its powers of refraction must be very considerably increased. Indeed, gutta serena would certainly be produced by the backward pressure of a super abundant quantity of aqueous humour against the vitreous humour and retina, long before it would occasion a protusion of so dense and firm a tunic as the transparent cornea; and I have actually seen gutta serena result from this cause without any material convexity of the cornea being perceptible, although, from over distention, it felt to the touch nearly as hard as an egg-shell.

Although I may have failed in convincing my readers of the accuracy of some of the opinions which I have ventured to submit in this paper, yet I have the gratification of knowing that I have fully proved the important fact, of having successfully carried into effect a mode of treatment capable of restoring vision in a case incurable by other means, and which, as far as I have been able to ascertain, has hitherto never been employed by any other person.

The Vitreous Humour of the Eye capable of Reproduction.—M. Dreux, of the French Imperial Guard, received in a duel a sabre wound which perforated the right eye, the result was a transverse wound of the cornea with the loss of substance of a small portion of this membrane. This wound, according to Mr. Dreux's account, was instantly followed by the evacuation of a thick limpid liquor, and the flattening of the eye; he was deprived of sight, and felt violent pains, accompanied, at first, by vomiting. He abandoned all idea of ever recovering the sight of his eye; but, to my great surprise, (says Baron Larrey,) the globe gradually resumed its primitive form and natural size; so that it cannot be doubted, that the vitreous humour, of which a certain portion had really exuded, was regenerated; and this fact proves, that Nature can regenerate it wholly, or, at least, in part. The edges of the wound have approximated, and formed an adhesion so light, that the cicatrix is buried without becoming opaque. The wounded iris has resumed its motion, but the pupil remains wounded opposite the cicatrix.

M. Dreux,

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M. Dreux, before he left the hospital, saw the light, and, a few months afterwards, he could distinguish colours and objects with the wounded eye.

Dr. Löbenstein Löbel's Proposal of a new Method of Operating for the Cataract. Communicated by Dr. von Ehrden.

In operations for the cataract, keratonyxis,* as well as extraction and depression, which the author has had frequent opportunities of performing, the idea struck him, whether extraction might not be performed in that place where ocular surgery directs the depression to be made, viz. one or two lines distant from the cornea through the sclerotica. In the belief of this general notion, he was confirmed by the following most remarkable accident, which happened to a boy about five years of age, at Holycross, a small distance from Naumburgh. This boy, playing with another, with a penknife, which the other endeavoured to snatch from him, drew it quickly back, and happened to run it into his eye. He set a screaming most violently, and the parents, running to him, immediately sent for the author from Naumburgh. On his arrival, he examined the boy, and found a penetrating incision, of about one-sixth of an inch in length, in the sclerotica, one or two lines from the cornea, towards the bottom of the bulb. The boy having all the time held a folded handkerchief before the eye, the crystalline lens was found to have come out upon it. Between the lips of the wound Dr. Löbel thought he saw small fragments of the lacerated capsule; the aqueous humour had escaped, and the cornea appeared collapsed. Having thus minutely examined the eye, the author considered it as lost, as the sclerotic and choroid coats, the zonula Zinii, and the vitreous humour, must unavoidably have been injured by this penetrating incision. The boy moaning greatly, and complaining of much pain, and being of a plethoric habit, the eye was directed not to be opened; four ounces of goulard-water were prescribed, in which cloths were to be dipped, and applied lukewarm to the closed eye. An emulsion of poppies, with nitre, was also prescribed, an antiphlogistic regimen inculcated, and all solid food prohibited for eight days. He was also ordered to lie rather low, on his back or left side; and the only window in the room in which he lay was obscured by cloths, besides the shutters being shut, so that even the smallest ray of light was excluded. Sugar water, with some cream of tartar, was the only beverage he was permitted to take.

On visiting the boy again, on the third day after the accident, Dr. L. was greatly surprised to find, that he felt not the least pain in the eye, and that his pulse was not at all feverish, but quite

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* Puncturing of the cornea would, to an English ear, be more musical than the above Greek combination, so full of German gutterals.—Edit.

regular.

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regular. The eye-water was ordered to be continued but twice a-day, the emulsion with the nitre was omitted, but the cream-of-tartar drink persevered in. After four days more, the boy was allowed to get out of the bed, and sit sometimes in a chair; but he was desired to be kept from stooping, or leaving the dark chamber. The diet prescribed was to be continued until the tenth day, nor did Dr. L. venture to open the eye before then. On re-visiting the patient on the tenth day from the accident, a little day-light being let in through the window into the patient's room, he placed the boy with his back to the window, and then cautiously and fearfully opened the injured eye, covering the healthy one with his right hand, and asking the child, Whether he could see? How agreeably was he surprised to find that he could not only distinguish the white wall, but also a whip hanging on the same. He now permitted him to see for about four or five minutes in the same position, in order that the affected organ might not be too violently affected by the operation of the light, but become gradually accustomed to it; then, turning the boy more with his left side towards the window, he examined the condition of the morbid eye, and found that the cornea had almost recovered its convexity, but that the pupil was somewhat larger than that of the healthy eye; the albuginea was rather red, and only a bluish red streak shewed itself in that place where the penetrating incision had happened. The eye was now tied up again with a dry compress, the fluid regimen continued, and the boy ordered to remove the bandage every morning for half an hour, and to see with the eye under a green eye-screen. On visiting him again after six days, the cornea had fully recovered its natural shape, the pupil was of the same size with the other, the bluish red streak had gone off, and the patient, seeing clearly and distinctly all objects, was discharged as perfectly cured, the author being much astonished at his not having lost his eye and vision.

This fact, however, corroborated the author in the idea, that depression and extraction might be made much easier through the conjunctiva than through the cornea. He thinks this operation promises the following advantages:

1. It would be chiefly indicated in cases where neither depression or keratonyxis can be made with success, *e. g.* when the capsule, half or a whole line thick, is morbidly indurated, or when the lens is very large, and cannot be broken down.

2. Neither prolapsus of the iris nor iritis would be to be dreaded, which, in extracting the cataract through the cornea, is frequently the case.

3. The re-union of the wound would be more expeditious than on making the incision through the cornea, as the upper and lower eye-lids would close the lips of the wound more intimately. The incision in the bulb should be made many lines lower down in the conjunctiva than the depressing needle is commonly thrust in, and this method might thus be called extraction through the posterior chamber.

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4. The point of the knife used in extraction should be pressed and moved towards the lens, and, in order not to injure the iris with it, it should be carried vertically through the eye, right opposite the place where it entered, when, instead of applying the pressure usual in the common method of extraction, in order to carry the lens through the pupil and opened cornea, the upper eye-lid would only want a little rubbing, and a gentle pressure. By this manipulation, the lens will, for a certainty, descend through the incision and the conjunctiva, and the capsule follow it, or at least the latter will be absorbed if it be thin, and lacerated by the point of the knife. Should, however, large fragments of the capsule be perceived to swim about, they might be carefully removed by a small pair of pincers.

Dr. L. thus proposes this method in such cases where keratonyxis and depression are contra-indicated, and where extraction is the only resource, or where adhesions of the crystalline exist. As to the objections which might be taken from the unavoidable lesion of the conjunctiva, sclerotica, zonula Zinnii, and corpus vitreum, he is persuaded from experience, that, by proper management, and due medical care, these cannot be so dangerous as to influence us; for, in the first place, if they were so, the greater number of depressions must prove much more unsuccessful, which is really the case; and, secondly, in the above case of injury with the penknife, in which he most likely pressed the crystalline through the wound by the pressure he caused by holding the folded handkerchief before the eye, and where he, by his crying and screaming, caused determination to the head, and the injured organ, the boy must have lost his eye and vision, through the combination of such untoward circumstances.

The author concludes with conjecturing, that Kerkringius, Burhius, Taylor, and Woolhouse, made use of this method, when they boasted of having restored a young and acute vision to aged people, by removing the corrupted and turbid humours of the eye, and replacing new ones in their stead.

We some time ago promised a few more extracts from Mr. Bedingfield's valuable selections. The last of the following cases will be found particularly interesting.

"A young woman, eighteen years of age, was suddenly attacked with the symptoms of acute peritonitis. She complained of extreme pain over the whole abdomen, which was greatly aggravated by pressure. Her pulse was hard, small, and frequent; her countenance anxious; her tongue white; her skin hot and dry. From thirty to forty ounces of blood were taken away for five days in succession, and afterwards a few ounces occasionally, when a febrile disposition was perceptible. The total quantity of blood abstracted was two hundred and forty ounces.—She remained in a debilitated state for some weeks, but ultimately perfectly recovered.

"A boy,

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"A boy, aged seventeen years, labouring under precisely similar symptoms, had fallen under my observation a short time previously. I never saw two cases bear a more striking resemblance to each other.

"Sixteen ounces of blood were taken from his arm; some leeches applied to the abdomen, and half an ounce of the infusion of digitalis was directed every six hours. The boy died at the end of three days from his first seizure. The digitalis produced no effect either upon the pulse, head, or stomach.

"The peritonæum and intestines exhibited traces of the most active inflammation. The intestines were glued together; flakes of coagulable lymph were deposited upon their surfaces; and nearly a gallon of serum had been poured into the cavity of the abdomen, in which globular transparent pieces of lymph were also floating.

"*Remarks.*—The violence of the pain, tenderness, &c. form the best criteria for estimating the danger of the patient; and our practice must be regulated by their intensity. If we pay any regard to the pulse, we shall be more frequently deceived than assisted by it. I have seen cases of peritonitis, in which it remained perfectly natural; others, in which it was as strong and full as in pneumonia, acute rheumatism, or any active inflammatory disease; others in which it was small, feeble, fluttering, and almost imperceptible.—A remarkable instance of the insidious nature of the disease happened about two years ago.

"A young woman, for five days after a natural labour, appeared to be getting well without the occurrence of one unpleasant symptom.*

"On the evening of the fifth day, she complained of a little tenderness above the pubes, slight nausea, and the abdomen felt rather tense. The pulse was soft and equal; the tongue clean; the skin moist; the bowels confined. She was directed to take an aperient. For three succeeding days she remained in nearly the same state; her pulse then sunk so low as to be scarcely perceptible; the surface of the body became cold, and covered with a clammy perspiration; the abdomen tense and inflated; and the stomach rejected every thing. Cordials were directed for her, but she died in thirty-six hours.

"*Examination.*—The left appendages of the uterus were found in a sphacelated state; sphacelated spots were seen upon various parts of the intestines, the peritonæum was almost universally inflamed, coagulable lymph thrown out, and several quarts of serum were in the cavity of the abdomen. No disease of the uterus

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"* After delivery, the uterus did not contract upon the placenta with sufficient force to effect its expulsion; and the funis was so very slender that it would have given way, had efforts for the extraction of the placenta been made with it. I was, therefore, under the necessity of detaching it with my fingers from the uterus."

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existed: it had not, however, returned to its natural dimensions in the unimpregnated state.

"*Observations.*—This unfortunate case ought to teach us to give our utmost heed to any tenderness or pain complained of in the abdomen after delivery, however slight it may be. As a precautionary measure, we shall do well to make use of frequent gentle pressure, to ascertain whether or not there be any tendency towards inflammation. This woman, previously to her confinement, had been much debilitated by excessive discharges from the vagina, and from the ulcerated surface of a large warty excrescence upon the pudenda.' This consideration, together with the total absence of inflammatory symptoms, forbade the use of the lancet; or, perhaps, I ought rather to say, deterred her attendants from having recourse to it, or from supposing that any necessity for it existed."

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

On the Diagnosis, Nature, and Treatment, of the Hooping Cough; by ADALBERT FREDERICK MARCUS. Bamberg and Leipzig, by Kanz, 1816, XVIII. and 216 pp. 8vo. Extracted and translated by Dr. VON EMBDEN.

THE well-known and learned author, after labouring for many months under a disorder equally painful and dangerous, thinking himself in the way of recovery, on the 23d of April, returned thanks to Providence and his physicians in the Preface to the present publication, which, on account of his debility, he was obliged to dictate; and, on the 25th, this great philanthropist and practitioner, who, for the last twenty years, acted so conspicuous a part in the reformation of medicine, terminated a career equally active and useful on the very day when the present work was to have left the press, leaving his biography to an abler pen. We select only the most essential passages from the present work, in order to put our readers in possession of the leading features of a publication in which it was the late author's wish to fix the identity of bronchitis and hooping cough.

The name of a disorder should, as far as possible, describe the nature and seat of the same. Dr. M. calls hooping cough *bronchitis*

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bronchitis epidemica, confident that its seat is in these parts, and its nature inflammatory. The hooping cough is not to be considered as a new disorder; but must be counted among those, in which neither the seat, the affected organ, nor the influences, are of such a nature that it should not have prevailed at all times. It belongs to those disorders, which, in some parts of the world, appear very seldom, and which, with regard to their periodical return, spare many parts for a long time. Intending to show the identity of bronchitis and hooping cough, the author gives a picture of both. [It would have been more to our wishes, if, after describing the two, he had pointed out the difference, which, in our opinion, would not have been difficult.—EDIT.]

Hooping cough has been described much more frequently and exactly than bronchitis. Many symptoms seem peculiar to the former, from their occurrence in childhood, and because many phenomena depend on the tenderness and softness of the infantile organism. Bronchitis has the same run with the hooping; though sometimes it is quicker, at others slower. Both of them wear the stamp of a catarrh, with all the concomitant symptoms; in neither of them does the stitching pain in the side exist, or, at least, it is but temporary; in both of them the cough follows a deep inspiration; the difficulty of respiration is instantly aggravated in both when lying down; the coughing paroxysms are the same in both, the exacerbations periodical, and the patients apparently well in the intervals. The expectoration is similar; in neither of them is hoarseness of any consequence or duration; hooping is a chief symptom in bronchitis, and it gives the name to the other. The sudden transition from inflammatory activity to incurable debility is common to both. The dreadful struggle in the last hours of life is the same in both morbid forms; and many other symptoms, though not essential, are common to both.

Dr. Watt, of Glasgow, in his Treatise on the History, Nature, and Treatment, of Kink Cough, 1812, first hinted at the identity of the two disorders. Having lost three of his own children in the hooping cough, dissections and a comparative view of the symptoms of both disorders, in a manner convinced him that the seat of both was in the bronchiæ. Before his time, the disease was considered as a purely nervous and spasmodic state. Few ventured to conjecture what might induce this spasm: miasma and contagion cannot be considered as proximate causes, as they do not constitute the disorder itself. If hooping cough be considered identical with bronchitis, its nature must be inflammatory.

But

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But, Dr. Albers having disputed this doctrine of Watt, it is necessary we should give here his objections, together with Dr. Marcus's refutation.

Dr. Watt maintains, bronchitis does sometimes arise suddenly, but sometimes hides itself, and only appears gradually. Dr. Albers says, "hooping cough never appeared so suddenly, nor yet does it remain so hidden as bronchitis;" to which Dr. Marcus replies, "that a distinction ought to be made between a sporadical and an epidemical disorder,—bronchitis being of the first kind, but hooping cough of the latter; the development of both must be sometimes quicker and sometimes slower. Though the sense of weight, combined with quick and oppressed respiration, were symptoms of bronchitis alone, Dr. A. could, nevertheless, not consider this as a proof for his argument; as here, likewise, the difference above-mentioned takes place, Dr. A. asserts, hooping cough to be a disorder of the pectoral nerves, and not essentially combined with inflammation. But, if hooping cough, as Dr. M. intends to prove, is a catarrh, it unquestionably must be combined with it. If it be farther true, that fever be founded on inflammation, hooping cough must of course be inflammatory, as it never does exist without fever. Dr. A. in maintaining that hooping cough belongs to the class of epidemical disorders, tacitly admits its being of the febrile inflammatory kind. It cannot serve as any proof against the above assertion, that children sometimes recover from hooping cough without medical assistance, for, in every disorder, there is also a tendency of nature towards recovery. Notwithstanding Dr. A. is of that opinion, Dr. M. thinks this no impediment to considering bronchitis and croup catarrhous disorders. The catarrh is seated in the trachea and the bronchial system; and, even if we suppose some of these disorders to be seated in the vascular system, and some in the mucous membrane and its glands, the inflammatory nature of the hooping cough is by no means refuted by it; for the mucous membrane consists, for the greatest part, of the rete vasculosum, and can thus not suffer under inflammation without the blood vessels participating in it, and *vice versâ*.

Though the seat and nature of a disorder is already sufficient for fixing its character, Dr. M. nevertheless adds a few more particulars on the character of the hooping cough. The first point constitutes its catarrhous quality. It is accompanied with a cough from its beginning to the end, which always forms its character, particularly if combined with expectoration. Some authors, however, assert the catarrh to be only a forerunner of the hooping cough. But there is not a single symptom which unfolds itself in the hooping

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hooping cough, which, in some degree, has not already existed in the catarrhous stage, except that in a later stage each is better marked. Almost all inflammatory pectoral affections have a slow progress in the beginning, but become formidable in the acme of the disorder, though the lymphatic inflammations mostly run a shorter race than the rest.

It may appear astonishing, that an inflammatory state should be of such a long duration; however, there are pulmonary consumptions, which, likewise, are very slow in their progress, though they never abandon their inflammatory character. Neither is it necessary, that the hooping cough should continue inflammatory the whole time of its course. Dr. M. now, with much probability, from the seat, nature, and character, of the disorder, concludes upon its identity with bronchitis, which point is still more confirmed by dissections.

Earlier writers, who dissected subjects that died of the hooping cough, do not mention inflammation or any other particular change in the bronchial system; they found an enormous collection of air in the lungs, a great deal of water in the pericardium, the diaphragm strong, firm, and folding, the muscular part much distended with blood, the phrenic artery plainly visible, and the veins turgid with blood. Dr. Watt's conclusion, from the examination of his own children, is confirmed by two dissections performed by Dr. M. In one of them, he found, in the place where the trachea divides itself, slight inflammation and traces of puriform matter. On the further progress, the ramifications of the bronchiæ appeared more and more inflamed, gangrenous, and of a brownish red colour, the vessels formed livid webs, filled with puriform matter to such a degree that it was a matter of surprise how air could at all penetrate them. In the other case, water was found in the cavity of the breast; the larynx and trachea contained a fluid puriform phlegm; the lower part of the trachea was of a slight red tinge; the deeper the tracheal ramifications descended, their colour changed more and more to a dark red, and they were entirely filled with a frothy pus like matter, which issued from them in great abundance, and seemed to fill them up quite to the air-cells.

The result of both dissections is, that the hooping cough originates in bronchitis, or, in other words, that the hooping cough is the consequence of this inflammatory state.

It might, perhaps, be objected, that a few dissections cannot yield any decisive proof upon such an intricate subject; however, if the topical suffering, the phenomena, progress, issue, and treatment, agree with the pathological dissections;

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tions; few examinations may suffice, to give the greatest degree of probability or certainty to such a fact. On comparing the results of the dissections of such subjects as died of the bronchitis, several of which are to be found in Badham's Treatise upon this subject, the assertion, that bronchitis and the hooping cough are identical states may acquire additional confirmation. It cannot be contradicted, at least, that the seat and form of both complaints are in perfect unison.

The hooping cough, when completely formed, is easily known, but exceedingly difficult to be discovered in its first beginning. When it appears as a convulsive cough, it has reached its acme. The pathologico-semiotical object is, to distinguish it in its first development. If once a complaint has attained its highest pitch, art can do but little against it.

The peculiar symptoms of the hooping cough are, its peculiar sound, the coughing fits succeeding each other with great rapidity; the quick expirations that leave the patient no time for breathing, and threatens to suffocate him; the continuance of such an attack till retching and vomiting a plegm-like matter takes place. We shall offer a few words towards the elucidation of these symptoms.

The bronchial contains the greatest abundance of vessels, in which arterial exceeds the venous system, though it is also sufficiently provided with veins, lymphatics, and nerves. Such a texture has a tendency towards inflammation, which may assume a very great variety of characters. In every inflammation, fever is the most essential symptom; this is also the case in the hooping cough. The mucous membrane, where this disorder has its seat, belonging to the lymphatic system, and containing a considerable texture of lymphatic vessels, besides a great number of glands, it results from it, that the fever attending the hooping cough commonly bears an intermittent type; but the vascular web being primarily affected in this disorder, the fever can also amount to synocha. The hooping cough is undoubtedly a febrile state, as no catarrh exists without fever, and cases where the attending fever is but imperceptible, are to be considered only as exceptions. The free intervals in the hooping cough have led to a deception; but, if it cannot be denied, that inflammation is the foundation of intermittents, it is plain, that inflammation and fever may also be present in the hooping cough. From its having its seat in a lymphatic texture, results also the long duration of the complaint and the fever attending, as also the tendency of this fever, to make its reappearance in case of a relapse, as synocha.

The whistling tone, as also the cough in general, are pathognomical

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thognomical in the hooping cough. Considering the cough to be an appearance accompanying the disorder from the beginning to the end, the hooping cough must be pronounced a pure catarrhous affection. Only where the trachea partakes in the pulmonary sufferings, the cough appears; consequently, the seat of the complaint ought to have been looked for no-where else, but in the trachea itself. As soon as the air cannot pass through the ramifications of the bronchiæ, a discordance in the tone must arise. In what manner are then the expirations that follow each other with such rapidity to be accounted for? The cough does not take place till the passage of the air through the bronchiæ is obstructed, which obstruction is caused by the matter morbidly secreted and accumulated in the bronchiæ, to such a degree, that being forced into the trachea it continues to irritate till expelled by struggling, coughing, or vomiting. The rapidly succeeding expirations result from the first impulse for clearing the bronchiæ of the matter accumulated in them; being once given, this impulse admits of no cessation till the expulsion of whatever is there accumulated succeeds; in case that the power exerted is not sufficient for this purpose, the attack returns again directly. The rapidly succeeding expirations preventing the inspiration, give rise to that singular tone of the cough from which its name has arisen.

Dr. M. next proceeds to the consideration of the different stages of the hooping cough. Three are generally admitted,—the catarrhous, convulsive, and the declining stage of the disease. But, according to the doctor's opinion, the convulsive stage does not materially differ from the catarrhous, the former only exhibiting the complaint as forming, and the latter in its completely formed state. For even in the stage of formation, some indications of the second period appear. On observing the cough more closely, it already bears the stamp of what is called the hooping cough, viz. it takes place at considerable intervals, and is of long duration. The second stage takes place on the seventh or fourteenth day at farthest, and is only to be considered as an increased inflammatory condition of the bronchiæ. The appellation of stadium convulsivum is unfit, erroneous, and in some respects, even dangerous. According to the law of the succession of the appearances, no other symptoms can occur in the third stage than those that announce the commencement of it; these are confined to the catarrhous affection and the cough, and no traces of fever ought any more to exist.

The hooping cough being an epidemical complaint, it

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must be caused by the influence of the climate, and, of course, by any inflammatory febrile condition. A sporadical hooping cough does but rarely occur, and then it deserves more the appellation of bronchitis.

Which are the predisponent momenta producing the hooping cough?—The prevalent wet cold state of the weather seems to lay the foundation for a predisposition towards this complaint, therefore it developes itself particularly in spring and autumn. The infantine age may also with justice be classed amongst the predisponent causes.

Is the hooping cough to be considered as contagious?—Dr. M. is of opinion, that no epidemical disorder exists which, in course of time, may not assume a contagious character. But the contagion does not occur before the beginning period of morbid excretion; this period taking place sooner or later in different disorders, the contagion follows in the same proportion. The contagious matter seems to be nothing else than one of the gazes in the animal organism in an altered state. Dr. M. therefore, considers the hooping cough as a contagious disorder, but where no proper miasma is to be supposed. But, where the atmosphere is impregnated with the effluvia of a hooping-cough patient, infection probably takes place in such as have a predisposition towards it. . . . . .

The hooping cough, by a fixed crisis, either passes over into health or into other disorders, and death. When properly treated and attended to in the first period, the crisis comes on with sweating, sediment in the urine, and expectoration. On account of the complaint being so deeply seated, the crisis in the most favourable cases does not take place before the fourteenth or twenty-first day. The secretion of phlegm in the tracheal system being less in the hooping cough, expectoration is wanting in the first stage, and the cough is dry. As soon as expectoration takes place, the inflammation and topical suffering are lessened; the crisis itself consists in the expectoration being brought to maturity. The secretions disturbed in the progress of the complaint are those of the skin, the renal system, and the intestinal canal. If the crisis take place in the first period, a favourable change in the urine is previously observed, the skin becomes moister, the cough decreases, and expectoration succeeds; thus the hooping cough, by increased attention and proper treatment, finishes critically with the fourteenth or twenty-first day. The opinion, that the hooping cough requires six, nine, and twelve, weeks for its termination is erroneous.

If no crisis take place during this period, and in the above manner, the symptoms encrease, and assume the character

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racter of what is called the suffocating stage. The suffering of the bronchial system attains a higher pitch; the inflammation increases and spreads farther; the vessels remain turgid with the stagnating humours; the crisis is uncertain and protracted. Whatever occurs in the later progress, belongs to the imperfect, or, at least, to the partial crisis.

A hooping cough not critically decided, passes over into other complaints, particularly the phthysis pituitosa, rhachitis, atrophy, scrofula, dropsy, &c. and sometimes death. There are divers specifics recommended against the hooping cough; but, if a more general and rational method of curing this disorder can be adopted, these specifics will soon be done away with.

Whoever considers the methods of cure, adopted at all times against this complaint, will be convinced, that the antiphlogistic process has never been entirely rejected by any observer. The physicians of former times, who more purely followed up the course of observation, almost without exception favoured this process, even to the most copious venæsections; and only the opinion of the nervous and spasmodic nature of the hooping cough, caused the introduction of what are called antispasmodics. The most convincing proof, that none of these praised remedies were actually specific, is their frequent change. But, the greatest disadvantage in the treatment rested in the opinion, that the catarrhous stage was considered as essentially different from the spasmodic. The epidemical and contagious condition of the disorder ought, long ago, to have recommended the antiphlogistic method. Had they been earlier convinced of the truth, that every epidemical contagious complaint ought to be treated in an antiphlogistical manner, thousands of victims would have been saved.

Dr. M. considers what has been called the spasmodic stage, as the increase of the inflammation, and, therefore, insists upon the application of the apparatus antiphlogisticus in its full extent. However, it still remains a difficult task to determine, when or where this remedy or another is to be applied, the succession in which they are to follow, and how the transition from the one to the other is to be made.

The vigorous antiphlogistical method which Sydenham and Huxham, from manifold experience, taught, consisted in blood-letting, gentle purges, and low diet; these were relinquished upon erroneous theoretical principles, by men who did not believe that a complaint of such a long duration could consist of inflammation; but, could the pathologist have supposed hooping cough to be identical with bronchitis, the antiphlogistical process would long ago have been re-introduced.

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duced. Hooping cough and bronchitis being, in Dr. M.'s opinion, the same disease, a few words on the cure of the latter introduce the special treatment of the former. According to Badham, blood-letting is the first grand remedy in cases of bronchitis, when the powers are still unimpaired, the inflammatory symptoms clear; yet, it has not always the same wished-for effect, as in other acute pulmonary complaints. The reason of which is, that, in the latter, we have to cope with a diathesis phlogistica, and, in the former, with a diathesis catarrhalis. There is a material difference between the irritability of the arteries and that of the lymphatics; when the latter are too much deprived of their energy, they will, in the later progress of the complaint, be reduced to a state of debility.

The quantity of blood to be drawn is to be adapted to the circumstances of every particular case. Whether blood-letting is to be repeated, must be determined by the condition of the blood taken away, and the consequences attending the same. Badham recommends the continued application of antimonial remedies, and calomel given frequently and in small doses. Expectorants are not much praised, though they are not entirely rejected. The application of emetics, in the last asthenic stage of bronchitis, is said to be of decisive effect. Opium ought to be given with great caution, and nothing is said to be so beneficial as change of air. Whatever Badham and others are recommending, in what is called acute and asthenic bronchitis, is applicable in hooping cough, and also in the same order.

It depends upon the greater or lesser violence of the first period, how the antiphlogistic process is to be managed. As soon as the complaint is distinctly known, every occasional cause that may increase the catarrhous inflammatory condition must be removed. The successful treatment of the complaint depends upon the good and proper management of the catarrh. Equality of temperature is the first condition required; the children must be kept in the room till the crisis takes place, by expectoration and perspiration. In case the attending fever is of importance, they must be kept in bed. It is owing to the neglect of this care, that the hooping cough, beginning at the weaker degree of inflammation, rises to its highest pitch.

All kinds of nutritious irritating food and beverage must the more carefully be set aside, the better the appetite, and the stronger the patient's desire is for food. But, if in this period the fever is imminent, remedies must be applied, amongst which, blood-letting takes the first place. Sydenham and Huxham, as soon as they distinguished the com-

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plaint, instantly proceeded to repeated venæsections with the greatest success. Though the infantile age does not admit them in the same proportion as adults, nevertheless it cannot, even in children, be entirely dispensed with. The constitution of the body and the weather, indeed, decide, yet only with regard to the greater or smaller quantity. Venæsections, according to Dr. M., are a condition *sine qua non* in the hooping cough, if the same is to be shortened and brought to an easy and happy issue. The threatening form in which it appears at a later period, is a consequence of the neglected venesection, which is indicated as soon as the local suffering begins to be general. If the child has passed its third year, venæsection may be had recourse to without any hesitation. For children in their first year, it is rarely requisite; the effect may be attained by means of leeches, applied in sufficient quantity, and as near to the suffering part as possible. The internal remedies must be of the antiphlogistic class; to these belong the kali nitricum, sal ammon., tartarus depuratus, the neutral salts, the liquor acetite. Nitre is particularly useful when the fever approaches to the inflammatory character. Minderer's spirit, which in part supplies the place of sal. ammon., and which, with a decoction of marshmallow, is so applicable in children, are among the best remedies.

In almost all catarrhous affections, and, of course, also in the hooping cough, Dr. M. finds the mixtura oleosa exceedingly beneficial, but it must be fresh prepared every day. Expectorants in this stage are not proper.

Under this treatment, the abatement of the fever takes place towards the eleventh or fourteenth day, and, by the twenty-first, the disorder is at an end; the children, however, still remain for a long while in the disposition for it, and easily relapse.

In case the hooping-cough does not take this course, which, under an improper treatment, was hitherto but seldom the case, it appears in that form which has been described by the observers in the most glaring colours. The inflammatory condition has now attained a much higher degree; and suffocating symptoms now appear. These deceived the physicians, and misled them into erroneous opinions; but nothing has been more detrimental to the management of this complaint than the rage for finding out specifics against it. One must be convinced of the disorder not having as yet formed a transition, but that it is only striving to attain a higher degree of inflammation. When the error, that the complaint was only now beginning, prevailed, less efficacy was employed than the imperious moment required. In this

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this stage, Dr. M. finds blood-letting particularly indicated; if not yet applied, not a moment is to be lost in instituting it. When blood-letting is imperiously indicated, and has been neglected at an earlier period, it must now be applied copiously: insufficient disproportionate venæsection frequently gives the blood greater force to rush with violence towards the affected part.

The first venæsection must be free, and a pound of blood may, without hesitation, be taken away. If children above three years old should even faint away during the operation, one must not be deterred, but only keep the vein shut for a moment, and then draw off as much blood as was conceived necessary. The condition of the blood, and the abatement of the symptoms, must decide whether the operation is to be repeated. In pulmonary complaints, there is also a debilitas vitalis, originating in the interrupted functions of an organ so requisite for life; and therefore ought not to deter us from blood-letting. In the hooping-cough, the children frequently lie quite exhausted, with a pulse suppressed and small; but, as soon as the operation has taken place, all these appearances change. Even in the last stage, Dr. M. has seen venæsection applied with success.

Wherever indications for blood-letting occur, the application of the whole apparatus antiphlogisticus has also its place. These remedies are to be continued till the more violent degree of inflammation is removed. This may be known to be the case, 1st, by the decrease of the fever, and its transition from the continual to the intermittent type; and, 2dly, by the condition of the expectorated matter. If the latter is perfectly maturated and copious, the inflammation has already considerably decreased: the antiphlogistic method, however, ought not to be entirely set aside.

Dr. M. declares emetics to be superfluous and objectionable. Their application rests upon an erroneous supposition, and has experience against it. They are, however, conditionally applicable in hooping-cough,—1st, where the stomach suffers; 2dly, where suffocating fits occur, when the powers of nature are too weak to throw off the tough matter accumulated in the pulmonary cells.

Purges are more applicable, but they must be selected from the antiphlogistic class.

Mercury decidedly is to be ranked amongst the chief of the remedies indicated in the hooping-cough, partly as being an antiphlogistic, and partly as belonging to the class of resolvents. The question only is, at what period it is applicable? Venæsection must have preceded, and the fever be abated.

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abated. The best form is either in the shape of a powder, or in a fluid state, as solutio mercurialis gummosa.

Antimonials are also not to be rejected. Mr. M. however, prefers the vinum antimonii to the precipitated antimony and mineral kermes. But these remedies are only to be applied when the inflammation is already considerably abated, and on the decrease, and when the object is to affect the secretory organs.

Much was expected from the use of musk; but it is useless, if not injurious.

Opium, so excellent a remedy on other occasions, is contra-indicated here; for, though it suppresses the cough, and makes the children enjoy a quiet night or two, yet it makes them stupified: they start in their slumbers, and symptoms of peripneumony soon appear.

Hyoscyamus operates in a similar manner; and the same may be said of all the other narcotics.

Though the olid gums are not so objectionable as the narcotics, yet they are not applicable at any period of such an inflammatory condition as the hooping-cough is. If the hepar sulphuris is actually of any service, it can only be at a later period of the complaint. Neither much increasing the inflammatory condition, nor suppressing the expectoration, it belongs not to those remedies which are directly contra-indicated.

The first and second stage of this complaint having been properly treated, it will rarely be the case that remedies are requisite in the stadium decrementi. The morbid secretion in the bronchiæ alone is still going on; a state of debility has taken place, as a consequence of every inflammatory state. Great caution, however, is necessary against the too precipitate use of corroborants. The disposition to inflammation is still existing, and easily re-kindled. At this period the Peruvian bark is indicated, but must not be applied in any other form than that of the decoctum aquosum. This period must be treated very diætetically.

Should this period, which commonly lasts four days, be protracted to too great a length, there is some fear lest the hooping-cough might pass over into a phthisis, which leaves not much room for favourable expectations. In this case, the cinchona, together with the moosa, digitalis, polygala, myrrh, hyoscyamus, opium, milk diet, and change of air, will render the best services.

We are favoured with the above account by our valued correspondent Dr. Von Embden. We shall take the liberty of concluding it with a summary of our own practice, confirmed

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firmed by the experience of thirty years, and by conversation with the London practitioners.

The first difference between hooping-cough and common catarrh appears by the swelling of the features and the fever. At this time the inflammatory symptoms are stealing upon us, and we have nothing to add to the bold and judicious treatment proposed by Dr. Marcus. This period, in our opinion, lasts a fortnight with more uniformity than the Doctor seems to admit. But there is, probably, a difference from the manner of treatment. We perfectly agree with him that the doctrine of spasm has, in this, as well as many other branches of pathology, been highly destructive to life; and we hail with pleasure the return of Sydenham's and Huxham's practice.

After the inflammatory stage is over, the remedies must be directed by the condition of the patient; and, if the cough becomes chronic, nothing is so much to be depended on as a change of air. But great caution must be used that this air, for the sake of greater purity, is not colder than the former, excepting where the patient has been confined to an artificial atmosphere. In this case, the change must be gradual, and care taken not to expose him to a cold wind. Throughout the whole progress of the disease, we have never found benefit from antimonials or ipecacuanha, or any other such remedies, in doses to induce nausea or vomiting, excepting an occasional emetic, to assist, by pressure on the thorax, in evacuating the bronchiæ; but these attempts should not be oftener repeated than is absolutely necessary.

That the disease is principally seated in the bronchiæ, cannot be doubted; so are many catarrhs, or their sequelæ. But we see no reason, on that account, to alter the same. Hooping-cough may be called a specific disease, having a character different from any other seated in the same parts. Its contagious property, though not to be entirely denied, is certainly different from the laws which govern the exanthemata. On this we shall say more when we have leisure and room to fulfil our promise concerning contagion.

Edinburgh Medical and Surgical Journal, No. XLIX. for January, 1817.

Art. I.—*Critical Review of the State of Medicine during the last Ten Years (continued).*

This article is to be concluded in the succeeding number. We shall therefore defer our remarks till we have the whole before us.

Art.

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Art. II.—*On the Causes of the Tropical Endemic, or Yellow-Fever.* By D. J. H. Dickson, M.D. F.L.S. Fellow of the Royal College of Physicians of Edinburgh, &c.

We have before had occasion to remark the diligence and abilities of Dr. Dickson; and the communications with which he has honoured us must be fresh in our reader's memory. We suspect that our correspondence with him has given rise to some parts of the following paper, in which we perceive a progress to greater accuracy in the discrimination of epidemics. We shall endeavour to follow the clue marked out with as much accuracy as possible.

Mr. Sheppard's paper, which we have before had occasion to notice, contains some irrefragable proofs that the yellow-fever may occur a second time in the same subject. Dr. Dickson is ready to admit this. Indeed the possibility of such an event must be admitted, from the author's ætiological inductions.

Marsh miasmata are, by some, considered as the necessary cause of this fever; but, in Dr. Dickson's opinion, this cause has been too much limited. In any situation of the Western tropical regions, the temperature being, for the most part, invariably high, the cause of such a fever may exist from moisture from any cause, on shore, and even on-board, provided it has stagnated long enough, and is exposed to the ardent rays of the sun. Proofs of this are given, quite satisfactory to every inquisitive mind.

"The principal source (continues Dr. D.) of obscurity, and of contradictory opinions on the yellow fever, appears to me to arise from sufficient attention not having been paid to those states of the system upon which the frequency and fatality of the disease so much depend, and which may be designated by the terms susceptibility and disposition. By the first I mean simply the natural liability of the unseasoned European constitution to be affected with that fever in the torrid zone, upon exciting causes sufficiently powerful being applied; by the latter, an acquired or higher degree of susceptibility, by means of which causes less powerful, and otherwise inefficient, become adequate to the production of yellow-fever. The propriety of distinguishing those states, though it may be said they differ only in degree, I hope to make apparent; but I do not mean to say that the terms are the best that could have been selected; it is sufficient, in this case, that they are understood. I have substituted, on reflection, the word disposition for predisposition, (though I should have preferred the more familiar term,) because it might be contended, that the latter ought to imply a previous, rather than an acquired tendency.

"The degree of such disposition will fluctuate considerably during the earlier period of an European's residence in the West

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Indies, according to his age, the season of the year, and as various stimuli have a greater or less influence upon the system; or, in other words, in proportion as it has been freely and suddenly, or cautiously and gradually, exposed to their operation. In such a climate, where the youthful sanguine temperament is, at any rate, goaded, by the stimulus of unnatural heat, into a degree of febricular excitement, it is not extraordinary that, from free living, intemperance, or undue exposure or exertion, there should be much danger of this artificial excitation terminating in real fever, until the system becomes gradually inured, and less sensible of such influence by the effect of habit, or assimilated by the supervention of what have been called seasoning, or milder attacks of sickness.

"The dangerous increase of this susceptibility may be often observed in ships recently arrived from Europe, continuing healthy, while refitting in harbour, for ten days, a fortnight, or longer, according to the season, and becoming very sickly afterwards. Its variation and decline are sufficiently exemplified in the disparity of health enjoyed by the crews of ships under repair, at the same time, in the same harbour, and exposed to precisely similar exciting causes, but differing in the length of their residence in a tropical climate, or the degree of exposure to which they had been previously subjected. The variation in these respects will cause such dissimilar results, that a fatal fever will become general, in a short time, in one ship; in another the sickness will be partial, and less dangerous; while a third will be altogether exempt, or experience only mild and occasional attacks. This gradation will be sufficiently obvious, although its uniformity may be somewhat affected by peculiarities in season, modes of discipline, and various minuter causes, while the chief circumstances are apparently the same.

"The danger of a West-India climate, or, in other words, the tendency to yellow-fever, I conceive, then, to be in the compound ratio of the disposition, and the force of the exciting cause; a weaker exciting cause being sufficient when the system is strongly disposed, and *vice versa:* for, fortunately, these often obtain in an inverse proportion; and the constitution has been more or less habituated, previously to any considerable exposure. How greatly the preservation of health must depend upon the inurement being gradual, is too obvious to require any comment. The degree of security, however, that must be acquired, will be relative; for the insusceptibility will be much greater after an attack of this fever, or from being habituated to miasma, or other remote causes, than from mere length of residence.

"Marshy effluvia, or similar impure emanations in other situations, I have already stated to be, in my opinion, a great source of yellow-fever, either as a predisposing or exciting cause; but, if the above premises be correct, it farther follows, that the causes of yellow-fever may be the same as the remote causes of fever in

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general; that they may act in various degrees of intensity, or combination; that the weaker require the aid of disposition to become efficient, but when the system is highly excited, or prepared to fall into fever, that any additional agency, though of itself inoperative and insignificant, may become the occasional cause; and, consequently, that this disease may be called into action, in some cases, by such as are feeble, dissimilar, and so obscure as to elude investigation."

Following a very just maxim, as old as the methodic sect, Dr. Dickson proceeds to shew that, though, in her common operations, according to the Newtonian maxim, Nature delights in simplicity, yet, in disease, more than one cause is necessary. On this occasion we have often heard the maxim of the English philosopher quoted. But it ought to be recollected that Newton was far from conceiving a single cause always sufficient for a physical effect; and his maxim is, that, where we meet with sufficient *causes* to explain the phenomena, we should admit no more.

In pathology, nothing can be added to the remarks of Celsus on the methodic sect of physicians: for, though their opinion of the cause of fever (which we now know to be erroneous) had been well-founded, yet still such a cause solely would prove insufficient. His words are—

"Quod ad Erasistratum pertinet, primum, ipsa evidentia ejus opinioni repugnat; quia raro, nisi post horum aliquid, morbus venit. Deinde non sequitur, ut quod alium non afficit, aut eundem alias, id ne alteri quidem, aut eidem tempore alio noceat. Possunt enim quædam subesse corpori, vel ex infirmitate ejus, vel ex aliquo affectu, quæ vel in alio non sunt, vel in hoc alias non fuerunt, eaque per se non tanta, ut concitent morbum; tamen obnoxium magis aliis injuriis corpus efficiant. Quod si contemplationem rerum naturæ (quam non temere Medici sibi vendicant) satis comprehendisset, etiam illud scisset, nihil omnino ob unam causam fieri, sed id pro causa apprehendi, quod contulisse plurimum videtur. Potest autem id, dum solum est, non movere, quod junctum aliis maxime movet. Accedit ad hæc, quod ne ipse quidem Erasistratus, qui transfuso in arterias sanguine febrem fieri dicit, idque nimis repleto corpore incidere, reperit, cur ex duobus æque repletis, alter in morbum inciderit, alter omni periculo vacarit; quod quotidie fieri apparet. Ex quo disci potest, ut vera sit illa transfusio, tamen illam non per se, cum plenum corpus est, fieri; sed cum horum aliquid accesserit."

This passage shews, in a striking manner, the caution, as well as strength of mind, of that ancient writer, whose object throughout seems to have been, to reduce the science of medicine as nearly as possible to the laws of common sense.

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Dr. Dickson produces a number of instances in which fever has been partial, or confined to particular ships, whilst others have been in the same harbour; and that these ships have been mostly fresh arrived, or built recently of green wood, or that the ballast has been ill attended to. After this, some remarks follow on the difference between the contagious property of yellow-fever when compared with plague and typhus. To the latter, he observes, strangers and natives are, *cæteris paribus*, obnoxious in the same degree. This is not strictly the case. The typhus or prison fever does not attack all alike, but, like yellow-fever, those who are accustomed to a different and a better air, are attacked with the greatest certainty and the greatest violence; and it is only when miasma is particularly concentrated, that the inhabitants are affected. Respecting plague, probably Dr. Dickson's opinion may be well founded.

Some judicious remarks follow on the difference between the American insular, and continental climates, and also between them and the Asiatic regions. This leads to the consideration of the fevers which have occurred in the southern parts of Europe, from all which the author considers the inhabitants of the American, and those of southern Europe, in the light of new comers in the West-India islands, because the winter has produced a similar change in their habits as a residence in a colder climate. A well-selected quotation from Humboldt shews how well this was understood by that sagacious philosopher, who very properly remarks, that, when fever occurs at Panama and Callao, it more commonly begins among the crew of vessels from Chili. Not, continues he, that it is brought from thence; but because these people, coming from a peculiarly healthy climate, are more susceptible of any miasma than the natives of the port to which they resort.

"As for the reasons (continues Dr. D.) already given, and from personal observation of the tropical endemic in almost every variety of situation,—proving it to arise in hot, low, moist, close places, whenever new men are exposed to miasmata, intemperance, or fatigue—I must consider the yellow-fever, not as an imported or contagious disease, but as a strictly local and indigenous evil, 'quod sol atque imbres dederant, quod terra crearat sponte sua,' to use the words of Lucretius in a different application. I shall only remark here, that, if it possessed any contagious property, it is to me altogether unaccountable, that conviction thereof should not have been coerced, almost with the force of mathematical demonstration, long before the present day, considering the continual and unrestricted intercourse generally carried on between ships, as well as between the opposite sides of the Isthmus of Darien.

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Darien. But, on the contrary, examples of individual disease, or of a limited number only, are constantly occurring in the same ship, again and again, without extending farther; and it becomes epidemic, as I have endeavoured to explain, only when a generally operating cause produces a general effect. Hence it is legitimately endemic in the West Indies, and becomes often epidemic there at particular seasons, and occasionally, in other countries, after exposure to the influence of tropical heat. If the fever of Gibraltar and other parts of Spain be the same disease, and if it possess any such property, which I consider as still remaining to be proved, I must therefore contend that it is not a native, but an adventitious character, and that, like other diseases attended with febrile action in temperate climates especially, it is susceptible of being modified by the occasional coincidence of peculiar circumstances, such modification placing it in a class which, in my official report on the subject to the Naval Medical Board, (perhaps inaccurately, but for the sake of distinction merely,) I called *diffusible disorders*, the power of dissemination in such not being, as in other communicable diseases, native and inherent, but contingent and acquired. Although I do not mean here to enter farther upon the question of the Peninsular fever, yet, as its progress has been considered by some to be satisfactorily traced, and its prevalence to be unaccounted for by any supposition of an epidemic change of the air, or endemic origin, without a reference to contagion, I may be permitted to remark, in passing, without dwelling upon the inference, that, in the latest work upon the subject, and in which this opinion is temperately supported, the concurrence of a certain height of temperature, and of a combination of circumstances difficult to define, but connected with the climate and individual predisposition,—is nevertheless admitted to be necessary to the existence of the disorder."

We cannot help regretting the obscurity of this passage, in so candid and judicious a writer. To us there appears no reason why causes, as far as we can judge, perfectly similar, should not produce similar effects. If the heat at Cadiz is equal to that in the West-India islands, if Cadiz is a port, and closely built, why should not a similar miasma arise there? The succeeding paragraph seems so entirely introduced in corroboration of such a fact, that we are almost fearful that the author has not courage to speak out.

"Indeed, stronger evidence of a highly deleterious state of the atmosphere, as exemplified by its pernicious influence upon animal life, in these instances at least, cannot well be adduced, than that furnished by the author of the reports himself; for, in the fever at Cadiz in 1800, Sir James Fellowes, I believe in page 45, speaking of the air, says, 'its noxious qualities affected even animals—Canary birds died with blood issuing from their bills;' and he quotes the authority of Arejula in further proof of similar fatal effects

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effects upon domestic animals, particularly dogs, cats, horses, poultry, and birds."

The next remark is, that a season particularly dry, or particularly wet, is equally free from this dangerous miasma; and that the deleterious principles are evolved during alternate heat and rain, or when heat occurs after rain.

Several observations follow on the supposed indemnity of a constitution which has previously passed through the disease. On this subject we are in want of many facts, before we can admit an established law. Dr. Dickson shews that there exist certain degrees, arising from the intensity of cause, and also from the violence of previous attacks.

Several remarks follow on the mode of treatment, in which the author confirms the modern or rather revived practice of free bleeding and other evacuations; and the whole concludes, with much propriety, in the enforcing of those means by which the fever may be as much as possible prevented.

"During war, when the influx of unseasoned constitutions is considerable, particularly after active service or much exertion, great sickness and mortality are, I fear, unavoidable.

"The healthiness of the navy will very much depend upon avoiding undue exposure to the sun, rain, night air, fatigue, intemperance, and unwholesome shore duties, especially during the sickly season; and upon the attention paid to various regulations, and preventive measures, of which I have had ample opportunities of appretiating and of stating the value, from the inspection, and reports of, generally, between 60 and 70 vessels of war. The bad effects of staying too long in port at one time, and, independent of irregularities, of harbour duties, particularly early in the morning, and after the setting of the sun, as well as during his meridian power, cannot be too strongly adverted to here; and, therefore, a measure of paramount importance is the employment of negroes, natives of the country, or at least of men accustomed to the torrid zone, in wooding, watering, transporting stores, rigging, clearing, careening ships, &c. and, in fine, in all such occupations as must subject them to excessive heat, or noxious exhalations, which cannot fail of being highly dangerous to the health of the unassimilated European. But, when this cannot be done, it will also be greatly preserved by relieving the ships, &c.

"But it will chiefly be preserved by relieving the ships on that station (the prospect of which, alone, has a wonderful effect on the health and spirits of the men) so often, that a foul state of the hold, and the necessity of clearing it in that country, shall, as seldom as possible, arise. During a period of nearly eight years of the late war, considerable sickness and mortality must necessarily have occurred; but, in that time, I have likewise had the great satisfaction of witnessing, in various ships, and on various occasions, that a great degree of health might be maintained in that climate,

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climate, particularly latterly, when, the season of active warfare being past, the necessity was precluded, and, consequently, the unwholesome duties of clearing the hold, heaving down, or undergoing lengthened repairs in the close harbours of the West Indies, were interdicted; and I am therefore led to conclude, that, to avoid the stronger exciting causes is, to a great extent, to escape the disease."

Such are the outlines of this judicious paper, on which we should have been less diffuse, had not the subject been of late so frequently brought before us. The causes, then, are, intense heat in certain situations, or after rains in all; excessive fatigue; a plethoric condition, or a crowded state of a ship, without sufficient attention to cleanliness and ventilation. The only doubt is, whether these causes, apparently so different, will produce a fever of any marked difference. If we may be allowed an opinion, we should scruple not to say, that, as the same degree of heat is necessary in all, we see no reason why the fever should differ otherwise than in degree. That is, that to all it should be severe according to the degree of heat; to new comers according to the novelty of the stimulus, and to all according to the disposition to plethora and inflammation. The terms Endemic and Epidemic are properly distinguished by the author; but to us it appears, that, whenever we have arrived at sufficient accuracy, the term Endemic will be confined to those diseases which are unconnected with atmospheric peculiarities arising from exhalations. These, we conceive, should be called *epichorii*. But on this we have no room to enlarge at present.—*Habituation* is a subject of very great importance. It is well discussed by our author as far as he goes, but much remains to be learned before any just inductions can be established.

Art. III.—*Case of Pneumonia with Fever of a Bilious Type.* By William Lucas, Surgeon, Stirling.

Art. IV.—*Case of Diseased Arm.* Communicated by Alex. Kennedy, Esq. Madras.

This arm is said, in some respects, to resemble the Barbadoes disease, or Cochin leg. It was, however, different in its abrupt termination; and, after amputation, in the quantity of fluid it contained. In the Barbadoes disease, the substance is found gelatinous, and not fluid. Amputation is also found unsuccessful in the latter complaint.

Art. V.—See our Collectanea.

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Art. VI.—*Remarks on some Remedies which are used in Fevers.* By RICHARD LANPHIER DRAPES, Member of the London College of Surgeons.

These remarks are judicious enough, but not peculiarly striking. However, as far as our own judgment extends, we are glad to find, in the sister kingdom, such a gradual disuse of emetics and diaphoretics; from neither of which, during a long series of practice, have we ever found any advantage, but many real inconveniencies from the use of both, particularly antimonials, when given to any considerable degree. Bleeding and purging are the author's principal remedies.

Art. VII.—*Contributions to Diagnosis.* By MARSHALL HALL, M.D. &c.

These may be as well called cases, excepting the last paper, "on the mode of preparing and preserving vegetable substances," which we shall transcribe.

"It has long been an object of regret, that all the modes of preparing and preserving the vegetable remedies are objectionable, either because the process itself injures the remedy, or because its subsequent preservation is imperfect. Dried vegetable remedies, extracts, tinctures, infusions, and decoctions, are all liable to one or both of these objections. And it is a great desideratum in pharmacy, to discover some mode of preparation that may be free from them.

"The plan which the author would suggest for trial, is that of preparing and preserving these substances, without subjecting them to the previous operation of any external agent whatever, by which their virtues may be impaired. In the case of digitalis, cicuta, hyoscyamus, &c. he has taken the fresh herb, collected free from dew, and, having rubbed the leaves into the finest pulp or paste, he has simply formed a sufficiently consistent mass, by the addition and careful intermixture of dried soap.

"In this manner the vegetable may be long preserved; and the advantage is obtained of administering it throughout the year in its pristine state, and without having previously subjected it to any process, or to the agency of any substance by which its virtues might be destroyed or enfeebled. It may be administered in the form of pills, or mechanically suspended in a draught or mixture.

"Time must be allowed for subsequent experiments on this subject. At present the author contents himself with suggesting this mode of preparing and preserving vegetables to those members of the profession who may feel interested in the inquiry. Perhaps some other article may prove preferable to soap, with the view of preserving vegetable substances without subjecting them to the operation of heat, alcohol, or other chemical agents."

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Des Vesanies ou Maladies Mentales; par J. R. JACQUELIN DUBUISSON, Docteur en Medicine, &c.—*On Mental Diseases;* by J. R. J. DUBUISSON, &c. 8vo. Paris, 1816.

UNDER the sweeping designation of Vesanie (from *Vesania*), Dr. Dubuisson includes the vast majority of human nature. If the occupation of the mind on an important object produce that want of it in others which we call absence of mind, the person instantly becomes a patient labouring under Vesania. We should, on such grounds, have given a keeper to Sir Isaac Newton, who, having remained in his study two hours after his dinner was served, a friend, waiting for him, and excessively hungry, ate the philosopher's dinner, and covered the dishes again. Sir Isaac at length came in, and, making many apologies, said, "allow me to take my slight dinner, and then I am at your service?" when, lifting the cover, he discovered the skeleton of a chicken; when, turning to his friend, he said, "see what we studious people are: I forgot I had dined."

Though the mania of creating a new nomenclature in France is not less a proof of Vesania than any cited by Dr. Dubuisson, yet, on this occasion, it is praiseworthy. Insanity, so common an expression amongst us, has widely wandered from its primitive and just signification. *Sanitas* (health) was, by extension, applied to mental as well as bodily health; and *insanity*, consequently, signified, from the prefix of the negative preposition *in*, the want of bodily or mental health: but what should we say of a physician, who, finding a person on a bed of sickness, confined by a fever, the gout, &c. declared him *insane*? Though nothing could be more correct than the expression, more just or more simple, and, in itself, devoid of any improper meaning, yet assuredly the medical gentleman, who preferred to such an extent correctness of language, would be cried out against as a foul calumniator and an ignorant practitioner. Instead, therefore, of insanity, which no art will ever bring to its proper acceptation in the opinion of the million, we would recommend the adoption of the word Vesania.

Dr. Dubuisson seems to be of opinion that all men are mad, from the Macedonian to the Swede. If, indeed, the aberrations of reason from the right road to perfection indicate Vesania, it is certainly true that no man alive is in his right senses. Every man who fails in an attempt in which it is possible to succeed, and in which another, with more wit or talent, has succeeded, may, according to Dr. Dubuisson, be fairly pronounced not to be in his right senses. Virtue and vice, it is said, are divided only by a

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line, almost imperceptible. In like manner, good sense and vesania are divided only by a thread: there is no neutral ground. A wise man, or a madman, must be the term; and, what is most painful, it is the *excess* (says Dr. Dubuisson) of learning and wisdom which causes vesania. Not that this is a very new discovery, for we read, in the Acts of the Apostles, that Festus cried out to Paul, "Thou art beside thyself; too much learning doth made thee mad." That vesania, however, may not be held in too much honour, Dr. Dubuisson does not fail to tell us that it is a disorder which poets, painters, politicians, and philosophers, share with tailors, coblers, and weavers. This is unfortunate, for, under the first impression, the sight of a mad-house would inspire all the higher sympathies of the soul: then might we have exclaimed, "There is the unfortunate abode of exuberant genius; there dwell the theorists of the *beau ideal*, of impracticable unattainable perfection!" but to be confounded with tinkers and tailors, wheelwrights and waggoners, destroys all the fine illusions of fancy, and anticipates the functions of the grave, which levels all mankind.

We know not on what data Dr. Dubuisson founds his calculations when he concludes that learned men, politicians, poets, musicians, and painters, with tailors, shoemakers, and weavers, are most liable to attacks of *simple hypochondria*. It is true that, amongst the first class, the continual exercise of the mind upon any subject which requires the exertion of genius or profound meditation, the mind may be so completely absorbed, as may, in the opinion of those who skim all subjects, without fixing the attention upon any one, be supposed to want that proper organization of the faculties which they esteem sound reason; but surely the opinion of those incapable of thinking ought to be received with great limitation, when the question is to decide on the rationality of the studious mind. This would be hurling us back to those dark ages when the people would not suffer their princes to learn to read and write, because these were the acquirements of priests, and tended to enervate the mind. Of this we have a curious instance in the history of the greatest prince of his time, Theodoric, king of the Astragoths, who destroyed the empire of the Cæsars, and seated himself on the throne of Italy, dying without any direct heir, his grandson, the child of his daughter, was destined to succeed him; but the nobles would not suffer him to learn to read and write, because, as they said, it enervated the mind. Too much study may produce baleful effects on the mental system; but who would wish the next generation to be in the state of the barons who signed Magna Charta, who could not

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not write their names, and were obliged to use a stamp to mark the authenticity of an act (from whence our legal term *sealing* an instrument); or in the situation of that flower of chivalry and companion in arms and glory of our Edward the Third, Sir Walter Maring, who, in order to distinguish the tomb of his father, was obliged to take his chaplain with him to the cemetery, to read the inscription. There might be, and undoubtedly were, fewer instances of mental derangement in these times; but who would purchase the accidental freedom from it on such terms. And, after all, we are yet to learn why a man occupied in stitching a coat, making a pair of shoes, or weaving a piece of cloth, should be liable, more than others, to attacks of *vesania*, or simple hypochondria.

Of *compound hypochondria*, the author enumerates a dozen causes. Unsuccessful love, jealousy, the reverse of fortune, the passion of gaming, disappointed ambition, and religious fanaticism, (says Dr. Dubuisson,) lead to melancholy, with a tendency to suicide; and it is a singular fact that this has sometimes become epidemic. Plutarch tells us of a number of girls, we forget of what place, taking it into their heads to hang themselves; and a few years ago a similar instance of epidemia manifested itself in the town of St. Pierre de Monjau, in the department of the Simplon—a woman hanged herself, and her example was followed by half the women in the parish. Fortunately the Curé put a stop to it, by convincing those who remained that there was neither honour nor pleasure in hanging themselves. The girls of Lyons took a similar whim into their heads, only changing the mode of execution—they drowned themselves.

Partial vesania is when a person reasons well on all subjects but one, like the madman in Don Quixote. In this case the party afflicted fancies himself some other person, as, for instance, a king, a bishop, or an inspired oracle from God. Of the latter class, the world shews, unfortunately, too many examples, in the number of fanatics, which arises from nothing but a derangement of intellectual faculties, naturally weak, operated upon by the superstition and fanaticism of others. Nothing can be so flattering to a mortal as to suppose himself the favourite of the Deity. What he at first wishes, he soon begins to hope, and finishes by believing.

The third class comprises madness with delirium, and madness without delirium. The first may be feared; but the latter most commands our pity. In noticing this third division, we cannot avoid repelling the accusation of madness, charged by French authors on Milton:—that he laboured

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boured under this class of mental derangement from the vernal to the autumnal equinox; that in the winter he resumed his faculties, but was regularly mad one half the year, until his disorder terminated in blindness.

Incoherence of manner, want of connexion of ideas, confused, vague, and indeterminate notions, without order or connexion—the wildness and extravagance of people so affected, form the symptoms of a disposition to what Dr. Dubuisson distinguishes as the fourth class, viz. *Demence.* This species of mental derangement, observes Dr. Dubuisson, is sometimes allied with great genius. The author cites, on this occasion, the case of the celebrated Guillaume-François Roulle, the father of French chemistry, whose austere probity was only equalled by his profound learning. He was a man of genius, without any other cultivation but in his own particular science; was extremely petulant; his ideas frequently incoherent, and without order and precision; he expressed himself with vehemence, disregarding correctness or neatness in his peroration; he was agitated on his seat, like a person in convulsions, would fall backwards, kick his neighbour's shins, and, without thinking of it, tear the ruffles from his sleeves. One day, in the company of ladies, he started, unbuttoned the knee of his breeches, turned down the stocking, scratched his leg some time, pulled up his stocking, tied his garter, and continued the conversation as if he was perfectly unconscious of what he had been doing. In his lectures, he was generally assisted by his brother and nephew. Sometimes they were absent, and he was obliged to go into the laboratory to find the apparatus necessary. On these occasions he continued the lecture, going and coming; and, if the particular article was not easily found, he had generally finished the lecture on his return. One day, giving his lecture alone, he said, "You see, gentlemen, this vessel on the fire: if I cease to stir it for a single instant, it will explode, and we shall all be blown into the air." At the same instant he ceased to stir it: the explosion took place with a dreadful report. All the windows were broken; but his auditory, of 200, saved themselves in the garden. Fortunately the width of the chimney saved the whole; and the demonstrator only suffered the loss of his wig, the chimney, and the windows of his lecture-room.

The fifth class is Imbecility.—Of the curative means proposed by Dr. Dubuisson we shall give an analysis in a future Number.

Cursory

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Cursory Remarks on Corpulence; or Obesity considered as a Disease: with a Critical Examination of Ancient and Modern Opinions, relative to its Causes and Cure. Third Edition, containing a Reference to the most remarkable Cases that have occurred in this Country. By WILLIAM WADD, Surgeon. 8vo. pp. 129. Callow.

THE abilities of Mr. Wadd are so well known, that we need scarcely remind our readers of his valuable treatise on Strictures, in which he has revived the Hunterian doctrine and practice, after they had been for a time nearly superseded by the caustics of Sir E. Home and his followers. Nor need we mention Mr. W.'s representations of Diseased Bladder, Testicles, and their Appendages, illustrated by his own etchings. It gives us particular pleasure when such an author undertakes what is often considered a lighter subject. Nothing, it is true, in physiology, can be light, if it leads to pathology. Of this the venerable Heberden gave a striking conviction, when the same person, in the same compilation, favoured the world with the first description of Angina Pectoris, and the first scientific account of Chicken-pox.

As is usually the case, an accidental circumstance led the author into these inquiries.

"The Remarks on Corpulency (says he, in a Preface) first appeared with a confession that they had never been prepared for the public eye. For that reason they were published without a name.

"In this imperfect state they passed through two impressions; and, as no pains were taken to conceal the author, he soon became generally known. It was, therefore, his wish to render the work more systematic; but professional duties, and publications, have prevented his attempting more than to arrange such facts as have occurred in his practice or reading. They have gradually accumulated; and, judging of the importance of the subject, by the reception with which such a trifle has been honoured, he is induced to submit them again to the corpulent good-humoured part of the community, in their present shape."

The work commences with some general remarks on the anatomy and physiology of those parts in which fat is secreted—the manner in which it is distributed—the various opinions of the most celebrated anatomists, foreign and British, on these subjects—the characters in whom fat chiefly accumulates—the probable causes of such accumulations. All this leads to consideration of the means by which comeliness may be acquired and corpulency avoided. We extract the following, which, though among the lighter parts of these remarks, is more unconnected, and, consequently,

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more readily comprehended, without a previous knowledge of the question.

"Nor will any of the other medicaments proposed afford better prospects of success. As auxiliaries they may occasionally be useful; but the only certain and permanent relief is to be sought in a rigid abstemiousness, and a strict and constant attention to diet and exercise. 'J'ai pour garants de mon sentiment, les medicins les plus fameux tant anciens, que modernes.'

"The ancients were by no means inattentive to these instruments of medicine. Herodicus is said to have been the first who applied the exercises and regimen of the gymnasium to the removal of disease, or the maintenance of health. Celsus refers us to Asclepiades, as the physician who introduced friction into the Roman practice; remarking, at the same time, that he did no more than revive, with some improvements, the precepts of Hippocrates, who has said, that, by friction, if violent, the body may be rendered harder—if gentle, softer—if frequent, that it may be lessened or extenuated—if moderate, that it may be filled or rendered more sleek. Hence, it follows, continues Celsus, that this remedy, if used with judgment, may be applied with advantage in any condition of the body: it certainly is a remedy too much overlooked by the moderns in colder climates. Mr. Grosvenor has turned it to much advantage in many stubborn local complaints.

"Every cure was commenced by a rigid enforcement of the *diatrition*, or three days entire abstinence, which was resumed, in obstinate cases, a second and a third time, after intervals barely sufficient to allow as much nourishment as might keep the patient from dying of hunger and thirst.*

"This old-fashioned practice would be an excellent mode of treating some of our new diseases; and, in truth, some modern philosophers seem to think so. Abstinence from animal food was considered a moral duty, by the learned Ritson, ten years ago; and we have very lately had an erudite exhortation to 'return to nature,' and vegetable diet, by a gentleman whose whole family live according to the following bill of fare. 'Our breakfast,' he observes, 'is composed of dried fruits, whether raisins, figs, or plums, with toasted bread, or biscuits, and weak tea, always made of distilled water, with a moderate portion of milk in it. The

"* We might almost suppose our early legislators had taken a hint from the ancient doctors. By a statute of Edward I. felons sent to suffer 'Prison forte et dure,' were committed 'ad dietam'—a term ironically expressive of the said sustenance the sufferer was allowed; viz. on the first day, three morsels of the worst bread; on the second, three draughts of water from the next puddle: this was alternately his diet till he died. Gloomy as this retrospect is, it might have proved an important document, if any register could inform us how long life could be protracted by such means."

water

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children, who do not seem to like the flavour of tea, use milk and water instead of it. When butter is added to the toast, it is in very small quantity. The dinner consists of potatoes, with some other vegetables, according as they happen to be in season; macaroni, a tart, or a pudding, with as few eggs as possible: to this is sometimes added a dessert. Onions, especially those from Portugal, may be stewed with a little walnut pickle, and some other vegetable ingredients, for which no cook will be at a loss, so as to constitute an excellent sauce for all other vegetables. As to drinking, we are scarcely inclined, on this cooling regimen, to drink at all; but when it so happens, we take distilled water, having a still expressly for this purpose in our back kitchen.'—*Newton's Return to Nature*, p. 144.

"The article of *drink* requires the utmost attention. Corpulent persons generally indulge to excess; if this be allowed, every endeavour to reduce them will be vain.

"Newmarket affords abundant proofs how much may be done by exercise. Jockies sometimes reduce themselves a stone and a half in weight in a week; and we learn, by the answer of a person well versed in the business of training to the question 'Would he recommend a similar process to reduce corpulency in other people, whether male or female?' 'That he would recommend a similar process to reduce corpulency in either sex, *as, from experience, he perceives, that the constitution does not appear to be injured by it.*'*

"Herodicus, in ancient times, ordered a patient to walk from Athens to Megara, a distance of twenty miles, with a strong injunction to walk back again as soon as he had touched the walls.

"Many would willingly submit to any violent remedy, so that an immediate benefit could be produced; but, unless the disease speedily gives way, they despair of success, consider it as unalterably connected with their constitution, and, of course, return to their former habits. This feeling is too often encouraged by the ill-judged advice of friends, who thus become unthinking accomplices in the destruction of those whom they esteem and regard."

The reader will see, by this, and by Mr. Wadd's ingenious remarks on Sir E. Home's paper on the Formation of Fat, that the work retains some of the same original pleasantry, as when written more for common than for professional readers. The more scientific remarks, however, are so connected with the whole, that we find it difficult to extract them; and must conclude with recommending the perusal of the work to such of the profession as feel themselves at a loss, when urged by their patients to relieve them from their superfluous *sarcoma*.

"* Vide Code of Health, by Sir John Sinclair."

The

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The Botanist's Companion, or an Introduction to the Knowledge of Practical Botany, and the Uses of Plants, either growing Wild in Great Britain, or cultivated for the Purposes of Agriculture, Medicine, Rural Economy, or the Arts. **By William Salisbury, of the Botanic Garden, Sloane-street. 2 vols. small 8vo.—Longman and Co.**

The prospect of an early spring has induced us to take notice of this useful little compendium sooner than we intended. The advantages of botany are much greater than young men are aware of. The bare knowledge of a few officinals, and of the means of distinguishing poisonous from salutiferous plants is very properly all that is required of the examinees at Apothecaries' Hall. Indeed, the extent of the medical art, and the expenses attending it, are sufficient to alarm any one who looks to the mere profits; and, it must be admitted, that a scientific knowledge of botany is by no means an essential. But, in the choice of every profession, three things are to be considered:—First, a conscientious discharge of those duties, and an attention to all those means by which we may be qualified for the arduous employment we have in view; next, the means which may facilitate our professional introduction into the world; and, lastly, those auxiliaries which, though slightly connected with our profession, are not inconsistent with it, and may serve to render our labours more supportable, and oftentimes agreeable. For the two last purposes, nothing furnishes so ample and ready a scope as the study of botany. The public can rarely and very slowly judge of a man's medical knowledge; but all the ladies, whose good wishes are the most to be desired, will feel interested by his botanical instructions. Chemistry is now become a science, which, if followed to any extent, must occupy a man's whole thoughts, and detach his mind from more necessary pursuits. Even a residence in the metropolis, or some large town, is necessary, as well as a perpetual intercourse with others engaged in the same inquiries. Botany, on the contrary, is the amusement of the village practitioner, and relieves his journeys from house to house by the prospect of every hedge as he passes it. It is also not progressive, like those sciences which depend on experiment, and may, therefore, be retained, and even improved, without a perpetual recurrence to the labours or improvement of others. In a word, it is an elegant amusement, partaking of that science to which a medical man devotes himself.

But, however simple it may be, its fundamental principles must be learned, and its practical rules acquired, in order to

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to render it interesting, or to enable us to improve ourselves or others. Like every other study, its institutes should be acquired perfectly, but this only may be reduced to practice at the same time. This is not to be accomplished during the hurry of a winter's campaign, at the hospitals, dissecting rooms, and medical theatres. A summer's residence in town cannot, therefore, be better occupied than by a careful selection of the winter occurrences, and the application to botany. By these means, the student will return fresh to his labours as the autumn advances, and carry with him, into the country, an accomplishment which will render his society more desireable, add to his professional reputation, and very much increase the sources of his own enjoyments. At the same time, we would advise every young practitioner to be very careful how he brings forward his botanical knowledge too early. He may acquire the character of a naturalist, instead of a physician or surgeon. Let him, therefore, be careful to undervalue such an acquisition, even if he finds it useful or necessary to bring it forward, and let him speak of it as it really should be, rather the amusement of his leisure than the employment of his graver hours.

Having said thus much in favour of botany as a study, or, if our readers please, as an accomplishment, we need add but little more of the work before us, than that it is admirably calculated to keep up or revive all the knowledge a student may have acquired during his stay in London. Our readers are well acquainted with Mr. Salisbury's botanical excursion, than which we know not a more rational means of passing a summer's day, and we cannot explain the author's intention better than in his own words.

"As the practice of horticulture and agriculture on an extensive scale has been the employment of my life, in which I have had occasion to investigate minately the useful and noxious qualities of plants of every description, as well as their distinguishing characters; and having, of course, had more opportunity of acquiring this knowledge than usually falls to the lot of most men; I trust it will not be presumed altogether improper in me to attempt to instruct persons by a comparatively easy method in attaining a knowledge of the science of botany. And, without meaning in the least to derogate from the merits of the learned and highly respected professors, who, of late years, have taught this science, I beg leave to observe, that the lectures usually delivered for this purpose, have, in a great measure, failed of the intended object. For, although the first principles may be in that manner explained, yet a perfect and useful acquaintance with this delightful part of natural history can be acquired only by reading in the book of nature, by paying proper attention to the different plants in their native habitats, and by having their true characters demonstrated, in the regular progress of their growth to maturity.

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"Having taken upon me this task, in a method peculiar to myself, I found it necessary to have a small work which might contain the principles of classification according to Linnæus, the terminology, and, at the same time, a concise arrangement of all the plants according to those principles, with their discriminating characters, and the various uses to which each is applicable. The want of such a work has been so often expressed by those who have honoured me with their attendance in my botanical excursions, that it will require but little apology on my part, for intruding this small work on the public. Should it chance to fall under the notice of those whose business it is to investigate critically the merits of such productions, I must intreat of them to reflect, that it was written for the purpose of instructing persons who are ignorant of, and desirous of obtaining, a knowledge of the subjects it treats on; and no one, perhaps, who has not taken upon himself the task of learning this science, or of teaching others, will, at first, be capable of estimating its utility.

"It is, in fact, only by considering what are the wants of a student, that its fitness for the purpose of teaching botany can be estimated; and those who have attempted to study the science with our present helps will, I trust, acknowledge the utility of this work in forwarding their pursuit. In the several arrangements, it will be observed, that I have departed from the modes usually adopted; and this has been done chiefly for the purpose of rendering it the more concise, it being intended chiefly as a pocket compendium."

The first volume comprehends,

"A concise Introduction to the Study of Botany—On the Classes—On the Orders—On the Genera; or, the Parts of Fructification, with a particular Description of each—The Application of the foregoing for the Discovery of the Genera—The Species of Plants, and on the Characters which generally constitute their Distinctions—Botanic Terms as relative to the Root and Trunk; Branches, Leaves, Fulcra, Inflorescence, Fructification, Bud, Bulb, Vernation, Measures—A General Arrangement of the British Genera, under their respective Classes and Orders—Table of Abbreviations, and an Alphabetical Arrangement of Species of British Plants, with their descriptive Characters, Place of Growth, Season of Flowering, and Reference to their Useful and Noxious Properties, as described in the Second Volume of this Work."

The second volume contains plants useful in agriculture, comprehending the grasses and grains; to which are added, those articles principally used in dying and cloathing, and a few others. A chapter follows, in which the last subject is taken up more comprehensively; including medicinal plants, whether contained in any of the Pharmacopœias or not, and also the mode of drying and preserving them; plants for culinary

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culinary purposes, whether wild or cultivated, &c. Next poisonous plants, distinguishing their properties, as

"Bitter Nauseous Poisonous Plants—Acrid Poisonous Vegetables—Stupefying Poisonous Vegetables—Fœtid Poisons—Drastic Poisons—Poisonous Fungi, Mushrooms, &c."

A very useful addition to this chapter contains an enumeration of certain plants which are found noxious to cattle, but which their instinct does not teach them to refuse. An appendix concludes the work, containing every necessary article which could not be readily comprehended under any other division.

Such is this useful little compilation, which may, with much propriety, be called the Country Practitioner's Vade Mecum; for, if there is a study of which he may say with the philosopher, *equitantur nobiscum!* it is botany.

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

To the Editors of the London Medical and Physical Journal.

GENTLEMEN,

YOUR correspondent, E. I. C., was pleased to make a reply to my "Remarks on the Use of the Minim Measure;" and, if *he* prefers an anonymous letter to one with his signature affixed, or, in other words, if he likes a false name, I must request he will not again be guilty of putting a wrong construction on my future communications, which, in the present case, he will see he has done. By what I said in my letter, I do not wish it to be understood—I consider the practice of dropping fluid from bottles a good one; on the contrary, I always thought it incorrect, (as one must naturally suppose, the difference in the size of the neck of a bottle must influence the dropping the fluid.) The ground on which I attach blame to the College of Physicians, is not for introducing the minim measure, but for not making it so public as was certainly necessary to guard the practitioners from error. That the minim is the sixtieth part of a fluid-drachm, I did not stand in need of the information conveyed by E. I. C.'s letter to acquaint me. There are yet many practitioners, who consider the minim and the drop as synonymous, and order and dispense prescriptions accordingly. As E. I. C. might have seen, from Mr. Walker's letter in the last Number of the Medical Journal.

I am sorry to make the pages of your work a vehicle for controversy, which can be no interest to your numerous readers; but, the wish to justify myself in this point, has induced me to trouble you with this reply.

I have the honor to be, gentlemen,
Yours, &c. &c.

Sloane-street, Jan. 3, 1817. HENRY WARD.

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Report of the City of London Truss Society, for the Relief of the Ruptured Poor, throughout the Kingdom, Grocers'-hall Court, Poultry.—From the most accurate estimation, it appears, that this malady exists in one person in eight through the whole male population of this kingdom, and even in a much greater proportion among the labouring classes of the community, in manufacturing districts, particularly in those persons who are employed in weaving, or on the water as boatmen.

In one district in the western part of England, comprising 200,000 inhabitants, it has been ascertained, by actual observation, that upwards of one in five of the whole population labour under this malady.

Patients relieved by this Society in 1808	227
1809	570
1810	813
1811	1094
1812	1666
1813	1800
1814	2064
1815	2473
1816	2610
	13,317

The following statement of the situation and occurrence of hernia, at different periods of life, has been extracted from the register of the patients relieved by the City of London Truss Society, within the short period of nine years.

In 12,282 cases, 10,121 were males, and 2161 were females.

Males.	Females.			
2050	40 left inguinal	5761 inguinal	6621 single.	
3629	42 right inguinal			
68	359 left femoral	860 femoral		
76	357 right femoral			
3951	31 double inguinal		4286 double	
61	243 double femoral			
45	472 umbilical		603	
24	62 ventral			
	1 perineal		1	
	2 obturator		2	
18	30	have undergone operations, all except *one* have been completely successful	48	
110	111	with umbilical and inguinal hernia have been cured	221	
84	19	with prolapsus ani	103	
	390	with prolapsus uteri	390	
5	2	with varix of the abdominal veins	7	
10121	2161	12282	12282	

875 pa-

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875	patients were relieved with trusses under	10	years	of	age.
609	ditto, between	10	and	20	ditto.
1219	ditto, ———	20	and	30	ditto.
2032	ditto, ———	30	and	40	ditto.
2165	ditto, ———	40	and	50	ditto.
2160	ditto, ———	50	and	60	ditto.
1522	ditto, ———	60	and	70	ditto.
509	ditto, ———	70	and	80	ditto.
67	ditto, ———	80	and	90	ditto.
4	ditto, ———	90	and	100	ditto.
11162					

Six females each had umbilical and double femoral hernia, 2 females had large ventral and double femoral hernia, 5 females had umbilical and ventral hernia, 1 female had ventral and prolapsus uteri, 6 females had umbilical and single femoral hernia, 4 females had right inguinal congenital hernia, 7 females had left inguinal and right femoral hernia, 1 female had left femoral and right obturator hernia, 4 females had ventral and single femoral hernia, 1 female had double femoral and right inguinal hernia, 6 females had double inguinal and umbilical hernia, 1 female had right inguinal and ventral hernia, 7 females had left inguinal and left femoral hernia.

Twenty-six males each had left femoral and right inguinal hernia, 8 males had left inguinal and left femoral hernia, 21 males had left inguinal and right femoral hernia, 9 males had double inguinal and right femoral hernia, 6 males had double inguinal and left femoral hernia, 4 males had right inguinal and right femoral hernia, 2 males each had double inguinal and double femoral hernia, 6 males had double femoral and right inguinal hernia, 3 males had ventral and right inguinal hernia, 1 male had ventral and right femoral hernia, 2 males had ventral and left inguinal hernia, 1 male had ventral and double inguinal hernia, 1 male had left inguinal, umbilical, and ventral hernia, 1 male had umbilical and left inguinal hernia, 1 male had umbilical and left femoral hernia, 1 male had umbilical and right femoral hernia, 8 males each had umbilical and double inguinal hernia, 2 males had double femoral and right inguinal hernia; 627 patients had congenital hernia; 5 males had very large varicose veins on the abdomen.

Mr. Curtis has introduced Artificial Ears for Deaf Persons from France, where they were manufactured. By being closely adapted to the ear, they increase the collection of sound; but, besides the collection of sound, there is an additional force wanted to transmit it through the passage. In this respect the French invention is deficient. To remedy this defect, a small tube is added, which, by contracting the passage, will occasion the sound to enter with greater force. The form of this invention is particularly convenient, being applied over the natural ears, which they are

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made to resemble. The same gentleman has also invented a hearing trumpet, forming a parabolic conoid, on the same principle as the speaking trumpet used at sea, which is so well known to answer the purpose in extending the impression of sound. It has this convenience, that it shuts up in a small case for the pocket.

Annual Report of the Hospital for the Small-pox, for Inoculation, and for Vaccination, at Pancras.

An Account of the Number of Patients admitted into the Hospital, and the Number of Out-Patients Vaccinated; also the Number of Mothers admitted as boarders to Nurse their Children, from January 1, 1816, to January 1, 1817.

1816.	Patients admitted with the Natural Small-pox.	Patients admitted for Inoculation.	Patients admitted for Vaccination.	Out-Patients for Vaccination.	Mothers admitted to Nurse their Children.
January	7	2		77	
February	5	4		51	
March	5	3		163	
April	5	1		321	
May	17	12		369	
June	17	2		298	
July	14	8		224	
August	9	2		252	
September	8		3	244	
October	12	2		175	
November	15	1		80	
December	27		2	59	
	141	37	5	2313	11
Died	27				

JOHN CHRISTIAN WACHSEL,
Jan. 2, 1817. *Apothecary and Steward.*

This makes the mortality about one in six, which, considering that the worst cases are sent to that house, may be considered a very small ratio.

The following case is interesting, as exhibiting the advantage of vaccinating after a long exposure to small-pox.

Charlotte Parry, aged 25 years, a married woman, residing at No. 8, Plumtree-court, Shoe-lane, with her infant, Sarah, aged six

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six months, at her breast, was sent to the Small-pox Hospital at Pancras with the following certificate:—"This is to certify that Charlotte Parry, wife of William Parry, has the confluent small-pox, and has an infant at her breast, and is a deserving object for the Institution. Signed Robert Davis, Surgeon, 126, Lower Holborn."

She was admitted January 25th, 1817, on the sixth day of the disease, and the third of the eruption. The child was perfectly well in health. Mr. Wachsel recommended it to the father to have the infant vaccinated: he hesitated a few minutes, as it had been exposed already to the infection of the natural small-pox. He also stated that his wife reported to him, that she had herself been inoculated for the cow-pox eight years ago. Such a report made Mr. Wachsel more desirous to vaccinate the child, that the prejudice against vaccination might be removed. The father consented to any means which might preserve his child from the small-pox, and it was immediately vaccinated with fresh vaccine fluid. The progress of vaccination on the tenth day was a complete areola. On the eleventh day the child was seen by Mr. Smith, a surgeon of Stoke Newington. On the twelfth day the arm began to dry; the areola continued; in the evening the child was restless, during the night feverish. On the thirteenth day a few elevated spots appeared on the face and right arm; some of them contained a little fluid. On the fourteenth and fifteenth days more vesicles appeared; the former began to dry. On the twenty-first the insertion in the arm and vesicles were all scaled; none of them contained any purulent matter. It was constantly in bed with the mother, who died on the 2d day of February. The infant was restored, in perfect health, by the Surgeon of the Hospital, to its father, on the 14th day of February.

P.S.—The left arm of the mother had a faint cicatrix, somewhat irregular.

On the Influence of Moisture on the Irritability of the Muscles.—Professor Nasse made some very interesting experiments on the effects of water on the irritable muscle, of which the following is the result. He cut off the thighs of several frogs, put some of them in water of 60° Fahrenheit, whilst he exposed some others to the influence of the atmosphere. The water not only changed the bulk and the weight of the muscle, but also made it whiter and more transparent, and gave it nearly the appearance of white wax, and, on its being pressed between the fingers, the water was not squeezed out again. The water diminished and destroyed its irritability, and much accelerated its destruction. The thigh exposed to the air, showed irritability from galvanism, after having been exposed to the air for ten or twelve hours, while that which had been put in water had left off contracting itself nearly two hours sooner. The water does not show this effect merely on account of its relation to caloric, or on account of its abstracting the blood, but, probably, through other means, produced by its penetration

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tion into the muscle. Many long known facts seem connected with this, as the muscular debility of dropsical limbs, the effect of tepid water-baths and of a moist atmosphere. Animals, which on account of the thinness of their skin, can offer but little resistance to the penetration of moisture, enjoy but little muscular strength, whereas birds and beast of prey possess a deal of it. The cause of these phenomena it is difficult to conjecture, as there are as yet so few established facts in regard to this, it is however not unlikely, that they may be connected with an electric relation of the living muscular fibre. The connection subsisting between muscular activity and electric tension is obvious, from the phenomena, and water may, perhaps, destroy that tension.

The Blue Nose not always a Fatal Symptom in Typhus.—Dr. Kraft (in Hufeland's Journal of 1815, page 109, &c. on Typhus Bellicus and the Blue Nose,) declares this symptom as a prognostic of its incurability, and even as a certain forerunner of death. This is contradicted by Dr. Von Wendelstadt. "The redness (says he) with which the blueness of the nose commences is unquestionably of the erysipelatous kind, confining itself in the commencement likewise to the nose, but spreading afterwards to the neck, breast, and navel, and then encompassing the body in that region, like the zona. Whether the nose, which certainly is an organ that particularly offers an area to the contagion, may be particularly affected, and suffer in particular by the general morbid state of the body, is as yet undecided. Whether the erysipelas does become phlegmonoides, and affects the brain, is also undecided. It is equally uncertain, whether this erysipelas is not, perhaps, a mere symptom of a latent greater disturbance in the process of animation, by perhaps interrupting the hepatic functions; neither has it been ascertained, whether it be not analogous to the sphacelous toes of old age. We know the blue nose as a phenomenon, and that is all we know about it."

Egenolff, jun. of Desax, a strong young peasant, brought with him a typhus from the hospital. The disorder was, all at once, very violent, and the nose became of a circumscribed bluish red. When the case was reported to me, the furious delirium and the bluish nose were marked in glaring colours as particular characteristics. According to the dark theory of the nexus of the plexus nervorum abdominis, particularly of the ganglion semilunaris, with the medulla cerebralis and dorsalis, I ordered a large blister to be applied to the whole belly, and to be kept on till it had fully drawn, and the patient recovered.

The dangerous Effects of Extravasated Blood in the System.—"I have long remarked, (says Baron Larrey) that, when the blood discharged out of its proper vessels, lodges in the cellular membranes, or any cavity of the body, it enters immediately, by the effect of repose and the absence of caloric and vitality, into a state of decomposition; the portion which coagulates disengages the

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the salts in acids contained in this fluid; they tend to new combinations, irritate the sensible parts, inflame them, and from whence all the effects of inflammation. The surgeon cannot, therefore, pay too much or too speedy attention to blood extravasated in the serous cavities, the shortest stay in which puts the life of the patient in danger. This remark shows how little the French surgeons have attended to Mr. Hunter's luminous remarks on the various circumstances under which blood is extravasated.

Of Accouchement and the Ceremonies attending it among the Arabs.—Throughout all Asia the business of an accoucheur is unknown, and, whatever art or address may be requisite, every thing is entrusted to a midwife, whose only skill is experience. These women, seated on the ground, take the woman in labour on their knees, and receive the burthen in a sieve placed between their thighs. No witness interrupts this operation, the presence of even the husband would be a stain on his honour. After the child is born, the midwife puts the mother to bed, and, calling the father of the infant before any one yet knows the sex, informs him of it through the veil that separates them, and receives from his hand a present which does not enter into her regular fees.

During this time, the relatives and friends, assembled either in a private tent or in the open air not far from the tent of the father, wait with impatience the news of the happy birth and the sex of the infant. No sooner has the husband been told by the midwife, than he hastens to them, and informs them of these two points. The men congratulate him, and the women give themselves up to a tumultuous joy, singing and piercing the air with the cry of *lilili!*

The father then presents the guests tobacco to smoke, coffee and water, and sugar when he has any, and afterwards a liquor made from fenugreek, honey, and dry dates. This beverage is also given to the mother as a cordial, which strengthens the viscera relaxed by the labour, and which, it is believed, has the virtue of provoking sanguine evacuations.

On Wounds of the Cornea, attended by the issue of the Aqueous Membrane of the Iris, cured by a New Method; by Baron Larrey. "This method was suggested to me by an accident which happened to my daughter, Charlotte Isaure. When the hernia of these membranes is the result of a wound made by a sharp instrument, it must be returned (very gently) immediately, by means of a gold style, with a knob or button at the point; any other metal applied to these delicate and very sensible parts might produce galvanic impressions very injurious to the patient. The membranes resume their regular position, and we thus prevent the deformity and troubled vision which ordinarily takes place when we abandon the staphyloma to the simple resources of nature.

Charlotte Isaure Larrey, ætat. about seven, cutting the bread at her breakfast, a piece of crust flew into her eye; she instantly

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raised her hand to her eye to remove it, and, unfortunately, plunged the point of the knife, newly sharpened, into the centre of the cornea, which was cut obliquely in half its external diameter. A portion of aqueous membrane, and even of the iris, presented themselves, and formed a hernia of the size of a pea; the aqueous humour had flowed, they sunk in, and the sight was totally suspended. I returned almost at the instant, and preserved sufficient courage and calmness to administer necessary aid. I returned, with my gold probe, or style, the membranous portions forming the staphyloma, and I endeavoured to replace them in their primitive state. After the entire reduction, I drew the eye-lid over the eye, and covered the eye then closed with proper compresses steeped in the vegeto-mineral water, and bandaged it in the usual manner. I ordered her feet to be bathed, gave refreshing beverages, confined her to a strict regimen, which, with keeping her in a dark room, sufficed to effect a perfect cure in a few days.

Coppenhagen.—At the last meeting of the Royal Medical Society, the following Treatises were read: On some of the Principal Disorders of the Nails and their Treatment, by Dr. Tenges. On a recently discovered Alimentary Substance called Iodin, by Mr. Jacobsen, head surgeon of the staff. On a Human Monster, where the Abdominal Integuments were wanting, and where most of the Organs deviated considerably from the normal Form; by Prof. Herholdt. On the Nature and Origin of the Inversio Vesicæ; Mr. Jacobsen.

The temporary president of the society is the Counsellor of State, Dr. Bang; vice-president, Prof. Mynster; secretary, Prof. Klingbergh. Prof. Reinhardt and Dr. Howitz have been created ordinary members; and accession to the assembly has been granted to Messrs. Somer, Holst, Lunding, Sleinbergh, and Dr. Raben, of Lund.

Ibidem.—The invitatory programme for the anniversary of the Institution for Deaf and Dumb, of the year 1815, held by Dr. and Prof. Castbergh, contained Remarks on the Disorders of the Deaf and Dumb; according to which, a scrofulous diathesis is predominant in a great many of them, and scrofula a common disease among these unfortunates. [We wish this paper may be followed by a definition of Scrofula.—English Edit.]

Ibidem.—According to the report of the committee of the Vaccine Establishment in Denmark, delivered to the chancery, for the years 1814 and 1815, being the fourteenth and fifteenth of its existence; the number vaccinated in these two years exceeded that of any of the preceding ones. In 1814, the number amounted to 23,392; of whom 17,040 were inoculated by medical men, 5,082 by clergymen and schoolmasters, and 1,270 by private persons. In 1815, the total was 24,425; of whom 20,011 were vaccinated by professional men, 3,699 by the clergy, and 715 by private persons. The Copenhagen Public Committee for Vaccination, sent abroad, in 1814, 208 portions of vaccine matter; and, in 1815,

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as many as 246, of which about one-third went to Iceland, Greenland, the West India colonies, and the coast of Guinea. In Greenland and the Faröer Isles, vaccination is making very good progress, not so well does it go on in Iceland. On the proposal having been made, the professors of the Mosaic religion have also been subjected to the orders already passed.

On the Duties and Acquirements necessary to Medical Students.

Public Sitting of the Faculty of Medicine of Paris.—On Monday the 25th Nov. 1816, the Professors of the Faculty held an extraordinary sitting, in the presence of the royal Commissioners of Public Instruction, to distribute the prizes to the pupils of the Practical School.

Professor DUMERIL, the President, delivered the customary oration, equally brilliant in literary composition, as it is important in its nature, enforcing the duties of medical pupils, and raising medicine to that elevated rank which it proudly claims amongst the natural sciences.

After tracing the history of the medical schools in France, and shewing that students flock from all parts, 'the sons of Albion and the sons of Iberia, youths from the Ganges and the banks of the Neva, or publicly deputed by the two Americas,' he adds, 'my imagination warms, and my French heart palpitates, on thinking that, when they return to their country, these pupils will carry with the knowledge they have acquired a fond remembrance of the masters who instructed them.

At this name of pupils, think, young disciples, on the duties imposed upon you by the Prince of medicine, think yourselves fortunate if you possess the qualities that he demands. He requires, for the art of healing, a great natural disposition, a good domestic education, taste, ardour for labour, youth, time, indefatigable patience, and a courage proof against every thing. All these qualities are precious, but, above all, cultivate the ardent desire to learn, which science itself will soon increase in you; and with this noble perseverance you will conquer every obstacle.

Let not him seek to inscribe himself in the number of the disciples of Hippocrates who does not feel the magnanimous sentiment of the divine old man who, when receiving with deference the deputies of a powerful monarch, sacrificed fortune to the love of his country, and rejected with dignity the marks of honour and the riches they laid at his feet.*

After having enumerated the qualities we wish to find in our pupils, I will give them some counsels, dictated in the name of my colleagues, to guide their uncertain steps in the career they wish to pursue; and, above all, to teach them how usefully to employ and economize their time, recollecting that *life is composed of it*,—

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* Hippocrates refusing the presents of the King of Persia. An exquisite picture on this subject has recently been presented to the School of Medicine, painted by M. Girodet Trioson.

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the wise maxim of a great philosopher, which we cannot too often impress upon the youthful mind.

Medicine is the science which teaches to remedy the various derangements that life may experience in its duration. The first study ought to be that of the series of phenomena which take place in an animated being when he resists those constant forces of Nature which alone rule and determine the existence of inert bodies. It is in the book of death that we learn to read the history of life. It is in decomposing her instruments that we discover at least some of the wheels which put them in motion. It is, therefore, necessary to study the structure of the body, before we explain its action.

At first, raise the veil which Nature has thrown upon our organization, study successively all the pieces of this solid frame-work, which gives to the body its form, which permits and limits its movements. Isolate, the better to know them, those levers, those springs, and those numerous powers it possesses, to transmit the orders of the will; unrol these tortuous tubes, filled with a regenerating fluid; pursue these sensible and delicate fibres, which establish such intimate relations between us and the bodies which surround us, with a rapidity swifter than lightning. Analyze those optical, chemical, and acoustic instruments, which produce all the sensations. Then behold these organs, animated under the influence of life; execute a series of functions, excelling each other in wonder, and connected with each other by an admirable, although invisible, chain.

Afterwards extend a scrutinising eye on the beings around you, the study of which may enlighten that of ourselves; on those elements which are to be identified with our own bodies, and serve for their sustenance; and on those deleterious substances which tend to destroy it.

In fine, learn to know the best works, and how a medical man ought to compose a good library. At this period of your studies, you will attend in this amphitheatre, and hear the secrets of the science developed. Learn that, even in the intercourse with the Faculty, other means are still offered you for practical exercises in the laboratories, where places are assigned you, in order that, by your own researches, you may ascertain the facts advanced by your masters. Some of your old fellow pupils, selected from our practical schools, are specially charged with the care of directing your inexperience, to transmit and develope the principles they have derived from the same source. A museum of anatomy, a botanic garden, an admirably chosen medical library, a chemical laboratory, a cabinet of physics, a most complete collection of materia medica, and a surgical *arsenal*, are all open to you—for you they display all their treasures, and all the resources of which science makes use.

Under the protecting ægis of your instructors, you will be received in the clinical studies. These able professors will form you to the art and observation of the practice of medicine. Frequent

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quent assiduously those asylums of pain where the disorder of one alone serves for the instruction of all; where facts the most rare, and circumstances the most important, offer themselves to the annals of science, as in the celebrated temple of Greece, where details, suspended on the columns, related the history of past disorders in the hope of instructing for the future.

The prizes bestowed were for anatomy and physiology, internal and external pathology, anatomy, female pupils in midwifery, chemistry, &c.—1200 pupils were present.

Periodical Menstrual Flux observed in Women of an advanced Age.—On the cessation of the menses in some women, there is established a periodical flux, more or less sensible, of a different nature and form, which generally assume the menstrual type.

Margaret Flimaux, of a sanguine temperament, had her courses at 14, which regularly continued till 40 (excepting when pregnant, and giving suck). At this period they ceased, but she felt violent pains in the abdomen, which terminated by a vomiting of blood, returning periodically every month to the age of 70, without troubling the digestive or other functions. At this new epoch, the blood resumed its course by the organs of generation; and this periodical flux continued to take place every month, diminishing gradually to the age of 95, when she died of an adynamic fever. She preserved, during her long career, a remarkably fresh complexion, was extremely lively, lived frugally, and was passionately fond of milk.

The wife of the celebrated surgeon M. Cuisignier, offered an analogous phenomenon; and at present there is existing, in the commune of Bellenglize, a woman of 80, Margaret D'Elparte, who has every month a flux of several ounces of blood by the organs of generation.

We leave to those who love hypotheses, to explain these facts as they please, or as they can: we content ourselves with having observed and narrated them. SARRAZIN.

In consequence of the premature death of the late Mr. Royston, who had engaged to deliver the Anniversary Oration before the Medical Society of London, on the 8th of next March, Mr. Stevenson has complied with the earnest request of the President and Council, to become, on a very short notice, the representative of our late worthy coadjutor. As this undertaking, before such an audience, cannot be considered trifling, the Council have expressed their thanks in a manner becoming the occasion.

We have received from a publisher an account of Mr. J. Bell's health, and of his future intentions. If that gentleman will favour us with the history of his illness, we have no doubt, that, coming from an experienced physiologist, it will afford improvement to our readers and advantage to the public.

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At the sittings of the Faculty of Medicine of Paris, of the 26th December last, there was exhibited a remarkable case of Polysarchia, or extreme corpulency, in a child three years and a half old. Those who have seen Daniel Lambert may form a tolerable idea of the child, who enjoys perfect health, and walks tolerably well; is lively; and displays a precocity of intellect. The features have already acquired a maturity of form; and, to see the face alone, one might suppose the subject upwards of 20. The corpulency is regular throughout the system; and the tone of the muscles firm. His parents are both thin, and of small stature;—the father 5 feet, the mother 4 feet 6 inches, and weighing only 70 pounds, whereas the child at present weighs upwards of 140 pounds, and is about to be exhibited publicly as a spectacle. On turning up his clothes, he would appear to want the external parts of generation; and it was only by laying him on his back, and extending his thighs, that the parts could be discovered. They are perfect, but extremely small, arising, no doubt, from the want of air, and the perpetual compression they undergo.

The observation made formerly by Thilenius, in very violent and long lasting tooth-ach, that the gums are surrounded by a very red edge, as broad as a straw, just over the painful place, in a manner as if it were a ribband, has been confirmed by Mr. Steinbruch. He has not only observed this symptom several times in violent tooth-ach, but also in several other painful affections of the head, particularly the face-ach of women; and found himself persuaded by it to subject such patients to the antiphlogistic treatment, notwithstanding their debility, and the irritability of their constitution. Bleeding and leeches he found, however, less serviceable than nitre, in larger or smaller proportions, which, if the digestion of the patients was much injured, or their stomach too sensible, he combined with mucilaginous remedies.

Dr. Harles distinguishes a particular sort of epilepsy, the primary cause of which is said to be an affection of the spinal marrow, from that were it depends on affections of the brain, or the epilepsia cerebralis. The symptoms characterising the former, says he, are, that the first paroxysm is felt more distinctly in the primarily affected part of the body, or in the gastric region, the sensorium not being so much, and more transitorily, affected; so that recollection is not entirely lost, but that the sensorium only afterwards bears a part in the disorder by consensus; and that all other symptoms shew less energy. The occasional causes of this species are, an accumulation of sanguineous or serose-lymphatic matter in the region of the spinal marrow, or the intercostal and splanchnic nerves connected with it.

Mr.

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Mr. CLARKE will commence his next Course of Lectures on Midwifery, and the Diseases of Women and Children, on Thursday, March 20th. The Lectures are read every morning, from a quarter past ten to a quarter past eleven, for the convenience of students attending the Hospitals.

Dr. BURROWS intends publishing, in a few days, Cursory Remarks on a Bill, now pending in Parliament, for Regulating Mad-Houses, throughout Great Britain; and upon its probable Influence on the physical and moral Condition of the Insane, and upon the Interests of those concerned in their care and management.

REPORT OF DISEASES.

THE mildness of the season, as was long ago remarked by Dr. Heberden, has proved particularly favourable to health. The diseases, however, still continue inflammatory, and require the same early and rapid depletion as heretofore. Hæmorrhage has been frequent, as is usual in the spring. A young female, in the higher ranks of life, has been destroyed by epistaxis. The disease was much exasperated by the loss of her mother, in consequence of which a despondency followed, which seemed to supersede all the restorative powers of the economy.

The inflammatory complaints have been chiefly enteritis and peritonitis. Pleurisy has been less frequent than usual in the spring. One case of enteritis arose from long constipation. The patient was bled till the surgeon became alarmed at two fits of convulsion, and an intermitting pulse. By this time the abdomen, which had been tender and tense, was become flaccid, and would bear pressure: the hiccough, which had been teizing for more than twenty hours, with only short intervals, ceased; and by degrees the pulse became steady, but very quick and small, as after an hæmorrhage. The sickness had ceased, so that cathartic pills remained on the stomach. Three dilating clysters had been thrown up without being returned.

In this state it was thought adviseable to trust to the remedies then in the intestinal canal, only placing a suppository in the rectum. A very small quantity of wine was permitted, if the patient should be in danger of fainting. This instantly renewed the vomiting, and was discontinued by the patient's desire. The bowels, however, now began to act freely; and, after the second evacuation, lumps of fæces were voided broken, and appeared slightly dissolved in the clysters. After this the patient recovered rapidly.

CATALOGUE

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CATALOGUE OF MEDICAL BOOKS.

Memoirs of the Life and Doctrine of the late John Hunter, Esq. Founder of the Hunterian Museum in the College of Surgeons. By Joseph Adams, M.D. Author of Observations on Morbid Poisons. 8vo.

A General System of Toxicology, or a Treatise on Poisons drawn from the Mineral, Vegetable, and Animal Kingdoms, considered as to their relations with Physiology, Pathology, and Medical Jurisprudence. By M. P. Orfila, M.D. &c. Translated from the French. Vol. 2, part 1; 8vo.

Elements of Chemistry. By John Murray, M.D. &c. The 4th edit. in 2 vols. 8vo.

The Hospital Pupil; or Observations addressed to the Parents of Youths intended for the Profession of Medicine or Surgery, on their previous Education, pecuniary Resources, and on the order of their Professional Studies; with Hints to the young Pupil, on the prosecution of Hospital Studies, on entering into Practice, and on Medical Jurisprudence. By James Parkinson, Member of the Royal College of Surgeons. 2d edit. 12mo.

A Cursory Inquiry into some of the principal Causes of Mortality among Children, with a view to assist in ameliorating the State of the rising Generation, in Health, Morals, and Happiness: to which is added, an Account of the Universal Dispensary for Sick Indigent Children. By John Bunnell Davis, M.D. &c. 8vo.

The Anatomy of the Human Bones and Nerves, with a Description of the Human Lacteal Sac and Duct. By Alexander Monro, M.D. &c. Carefully Revised, with additional Notes and Illustrations; by Jeremiah Kirby, M.D. &c. 2d edit. 12mo.

NOTICES TO CORRESPONDENTS.

We wish our Correspondents, in future, would favour us with the designation by which their Communications may be described. For want of this, we have erroneously given a heading to Dr. Yeats's *paper in our last Number. That gentleman's only intention was to explain, not to accuse the Reviewer, in a highly respectable journal, of any want of candour. On this subject we have received a letter from the Doctor, very much regretting that such an improper heading should be given to his paper.*

We thank Æquus *for his good intention, but his paper is written in such a hurry as to render it not perfectly intelligible.*

Mr. C.'s *Letter shall be attended to. By some accident, the paper he alludes to had been mislaid.*

Mr. Spencer's *Paper shall appear in our next.*

We presume our correspondent Hint *cannot be ignorant that, in the year 1779, such a work as he proposes was published by Dr. S. F. Simmons. In 1783, it was re published; and, in the Preface, we see a reference to two former editions. It was published first by Murray, in Fleet-street, and afterwards by Johnson, in St. Paul's Church Yard.*

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THE LONDON

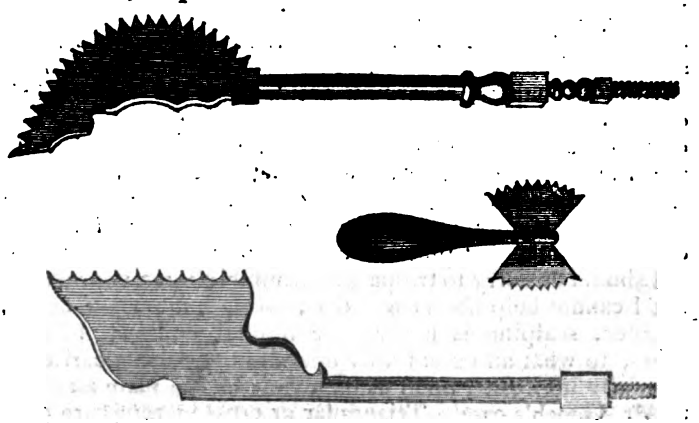
Medical and Physical Journal.

4 OF VOL. XXXVII.] APRIL, 1817. [NO. 218.

"For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly Journals; and there never existed any work to which the Faculty in EUROPE and AMERICA were under deeper obligations than to the Medical and Physical Journal of London, now forming a long, but an invaluable, series."—RUSH.

For the London Medical and Physical Journal.

Coincidence in the Figure of Instruments proposed in the Seventeenth Century and those of Mr. Hey; by SAMUEL SPENCER, Esq.



IN turning over the pages of an old book to beguile the hours under the pressure of a deep affliction, I met with the saws, as above sketched. Their resemblance to what amongst us are very properly called Hey's Saws, interested me in their further history, and induced me to turn to the chapter on Fractures of the Skull, in the same work; and I there found them spoken of under the appellation of Head-Saws. No one will suppose, that the ancients used them with a view of saving any portion of the cranium, the merit of that recommendation rests entirely with Mr. Hey and Dr. Cockel; but, as a matter of curiosity connected with the obscure history of these important instruments, I fancied that a brief mention of them, with the above sketch,

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might not be altogether uninteresting to some, at least, of your numerous readers.

The chapter alluded to is divided into many sections, and the section that first notices these instruments begins thus—

"What must be done, when fractured or depressed on one side only?"

"In this case, you must use small head-saws to divide the scull, and cut off, without compression, so much of the bone as shall be needful, without danger of pressing down the broken part of the bone upon the dura-mater, from whence a great deal of mischief might ensue; by this means, you raise the depressed side, and make way to vent sanies and ichorous matter." And, in another place, speaking of them singly, "It cuts away the distances between the holes made in the skull with the trepan, as also fissures that do not penetrate, and scrapes away the rottenness of the cranium; all which it does without fear or danger."

The book from which I have taken the above was published in London, 1685, under the title of "Select Physical and Chirurgical Observations; by William Salmon, Professor of Physic."

But this chapter, regarding accidents on the head, is evidently copied from some other work, without affording any clue to the original; so that we still remain ignorant as to the true source of these instruments; but, that they are of ancient origin and use, cannot now be doubted; and, from names occasionally brought forward in the book, I am inclined to think, that they are of foreign invention.

I should be sorry to trespass unprofitably upon your pages, but I cannot help observing, that, through the whole of this chapter, scalping is never once hinted; and yet, in later times, to what an extent this operation has been carried is painfully impressed upon us on a view of the plate attached to Mr. Gooch's case. Triangular or cross incisions are constantly spoken of, and these not to be used hastily or indiscriminately; for they frequently, it is observed, "only make work where there is none, or would be very little. Except in cruel accidents, abstain from all manner of manual operations, save shaving off the hair." And, in speaking of the trepan: "It is not to be used too hastily, for many dangerous fractures are daily seen to be cured without it; there is not one in ten that truly requires it." These remarks, guarding us against too hasty proceedings in accidents happening to the head, come pretty close to the approved maxims of modern surgery; and, in the interval from their first promulgation up to our own day, it would have been well for many a sufferer if they had never been lost sight of; happily,

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happily, this part of surgery now rests upon a steady basis, chiefly, if not entirely, through the discerning mind of an Abernethy, and the splendid talents of Mr. John Bell.

Duffield, near Derby;
Jan. 10, 1817.

For the London Medical and Physical Journal.

Composition and Medical Qualities of the Cartmel or Flookburgh Mineral Waters; by ROBERT CHARNOCK, Esq.

SOME time ago you expressed a wish, in the Medical and Physical Journal, to know the Composition and Medical Qualities of the Cartmel or Flookburgh Mineral Water: if the following be worth a place in your valuable publication, it is at your service.

First, I shall endeavour to give you some idea from whence this far-famed water has its source; next, its analysation and medical properties.

This water undergoes a variety of names, such as the Cartmel or Flookburgh Spa, but more properly the *Holly Well*, as those two villages are situated at a considerable distance from it. The water issues from a rock principally composed of lime-stone, whose perpendicular height is 300 feet, and its circumference about two miles; its juts extend into the bay of Morecamb, and, from its summit, which is clothed with rich verdure, there is an extensive and beautiful view of the bay and adjacent shore. The water flows through a small leaden tube, which emits one gallon in seventy seconds: the quantity of water was never known to receive any increase or diminution, notwithstanding the tide flows very near its outlet. The tide, at high water, extends a considerable way up each side of the rock. Near the Spa is a miserable fisherman's hut, (belonging to three gentlemen of very considerable fortune,) whose present resident has inhabited it near thirty years. For a small sum he supplies with water his numerous visitors, who generally reside at Flookburgh and Grange during the summer, a distance of two miles, where they find most excellent accommodations.

The component parts of this valuable and efficacious water, from a very accurate analysis, are as follow:

The water is transparent, and nearly free from smell. Its taste is saline, but not bitter or pungent.

It suffers no change by exposure to the air.

The specific gravity of the water, at 60° Fahrenheit, is 1·0048.

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The following tests were successively applied, and presented the following appearances with the water:

1st. The gall test, turbid with a very slight precipitate.

2d. The lime-water had no effect.

3d. The colours of turmeric and violet were not sensibly affected.

4th. Muriate of barytes gave an immediate and abundant precipitate, not soluble in nitric acid.

5th. Solutions of silver or mercury afforded with the water dense and abundant precipitates.

6th. Oxalate of ammonia produced rather a copious precipitate.

7th. The water being freed from lime, pure ammonia had no sensible effect.

The abundant precipitates obtained by the nitrate of silver and barytic solutions, render it probable that the principal ingredients of this water are the muriate of sodæ and sulphate of lime: with these may be associated, in small quantities, the sulphate of magnesia, muriate of lime, and oxide of iron.

A pint of the water being evaporated, the solid contents were dried by a heat rather inferior to redness, and weighed 62 grains, which contain the following proportions, viz.

Sulphate of lime------	$10\frac{6}{16}$
——————— magnesia--	$2\frac{4}{16}$
Muriate of sodæ ------	49
	62

Before I knew the component parts of this water, I certainly supposed it contained more active ingredients; therefore its active and efficacious properties are not easily accounted for.

This mineral has been famed, from time immemorial, as a mild aperient and diuretic; and, when taken in large quantities, as a powerful purgative: it has long been the resort of the rich voluptuary, the poor mechanic, and the laborious miner; the bloated face it reduces to its original hue, and the miner returns with renovated health;—indeed it may be considered as a *panacea* for the workers in lead; for I have seen some of the Alstone moor miners, who had been at work for years before, come to drink this water the most emaciated objects that can be conceived, and, in the course of three or four weeks, nearly restored to their original health. Now, this effect is not induced in a common way, with drinking the water as a gentle aperient, but, on the contrary, with brisk and repeated purging. The water is drank in such a quantity every day for three or four

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weeks as to completely empty the bowels; or, if I may be allowed the expression, until not a particle of fæces remain. This may serve as a farther proof, if there needed any, of the vast utility of purgatives in restoring the secretions; for, instead of weakening the stomach and bowels, as we were once taught to believe, the contrary effect is induced—the digestive organs are restored, and muscular power increased.

The efficacy of this is not confined to obstructed chylopöietic viscera: it is of great service in cutaneous affections, proceeding from obstructed perspiration. I have also seen its good effects in cases of tenia and lumbricus. In a case of hydrothorax which came lately under my care, the patient had been drinking the water for a week, but without any material benefit. The digitalis was had recourse to, and the water drunk in such quantities as to produce four or five loose stools every day, with evident good effects; but the patient being under the necessity of leaving the country, I had not an opportunity of giving it a full trial. The same gentleman informed me, that, being in the same state three years ago, by drinking the water in large quantities, without the aid of any medicine, the effused fluid was evacuated, and he remained well for three years. I have no doubt that it assists the digitalis and other diuretics very materially, in stimulating the kidneys, and promoting absorption. When taken for the length of time I have mentioned, and then desisted from, the system does not seem to require it, and no astringent effect is induced from its long continuance. I don't think that its purgative quality is very much quickened by any purgative taken previously: it appears to have, in some measure, its own specific action. It may be taken as an alterative, from half to a whole pint every morning; a little warm when taken as a purgative *ad libitum*.

I am afraid, gentlemen, I have trespassed too much on your time; but the subject deserves every notice, and I wish it had fallen into hands that would have done it more justice,—for the Holly-Well water deserves to be better known, to make it more generally useful.

Cartmel; Oct. 21, 1816.

When we consider the *mille mali species*, it is impossible, if we admit an all-designing Providence, not to admit also *mille salutis*. On this account, instead of considering our Pharmacopœia as too abundant in *materia medica*, we have always wished it more copious. As Mr. Charnock very modestly observes, before he made his analysis, he conceived the waters must have contained more potent principles than he could discover. This, however, may only arise from the imperfection of our chemistry. Whilst we

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we are on this subject, we would take the liberty of proposing an additional test or agent in the analysis of every substance intended for medicine. Why should not gastric juice be used, and afterwards bile? The former, we know, dissolves what no chemical substance is capable of; and, if we learn little by either as to the properties of the subject of examination, we may gradually learn more of the fluids themselves. We cannot conclude these remarks without expressing a wish that these waters had the advantage of many others, probably less efficacious—good society, and good accommodations nearer than two miles from the spring. —We can hardly admit the apology of our correspondent relative to the inaccuracy of his copy. He must be aware how much more easily it might have been corrected by himself than by us. We are still doubtful of the accuracy of punctuation in the last line of the last paragraph but one.—EDIT.

For the London Medical and Physical Journal.

On Cancer; by CHARLES ALDIS, Esq.

IN answer to a paper inserted in the last Number of your Journal, under the signature of "A Valetudinarian," I can only reply, that it would indeed be desirable if that gentleman could throw any information which might "lead to a more accurate discrimination of the diseases so generally confounded under the term Cancer; but I much question his ability so to do, believing firmly that those who have paid great attention to it know little or nothing of the requisites whereby real cancer can be judged; and I think it would be at best but arguing *(de lanâ caprina)* to attempt a description. You will not infer from this, that I am an advocate for inattention as to the nature and cause of disease, any further than to those complaints of which we shall, from their *very nature*, always remain ignorant, and which I believe to be the case by a vast majority, even with those who are well acquainted with a method of cure.

I was led to this remark from a conviction that one of the modes of treatment, *id est*, by *extraction*, alluded to myself, a plan by which I have for several years been successful, as far as relates to the cure of this disease; and that I should say with you, Mr. Editor, that I should feel myself much obliged if that gentleman would pursue his remarks systematically.

Nelson-square, Blackfriars Road;
March 3, 1817.

For

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For the London Medical and Physical Journal.

Case of Dyspepsia; by S. J. E.

MRS. H., widow, aged 38, subject to dyspepsia, was attacked, on October 20th, 1816, with hæmatemesis, from which she recovered in about a fortnight. On the 20th of the following November, she was seized with dyspepsia in its worst form. The symptoms were anorexia, nausea, vomitus, distensions of the stomach, acid eructations for some time after all meals except breakfast, ruminatio, cardialgia, gastrodynia, a sensation of great anxiety referred to the stomach after eating, obstipatio, and, consequently, great debility. For the relief of these symptoms, aromatics, tonics, antispasmodics, aperients, emetics, absorbents, blisters, and a proper attention to diet, had been unsuccessfully resorted to. Imagining that the disease was owing to the acetous fermentation, on February 3d, 1817, I prescribed for her the following:

℞. Potass. Carb. ʒij. Aqua Font. ℥vj. Fiat Mist. cujus Cap. Coch. ij. post mensam singulam.

℞. Infus. Calumbæ ℥iv. Infus. Cascarill. ℥iv. Æther Rectif. ʒiij. Fiat Mist. cujus Cap. Coch. ij. bis terve die.

℞. Potass. Sulph. ʒß. Pulv. Rhei. ℈j. Aqua Menth. p. ℥j. Misce fiat Haust. cras mane sumendus, et repetandus p. r. n.

The alkaline solution produced a copious eructation of carbonic acid gas, and a great secretion of urine,—which was a sufficient proof of its being decomposed in the stomach by acetic acid, forming the acetate of potass. The other mixture removed the spasm, and gave tone to the debilitated coats of the stomach. As the strength of the stomach increased, the tendency to generate acetic acid was diminished; for, after she had taken the solution of carbonate of potass eight days, she felt no pain in the region of her stomach; and, on recurring to it again, it produced nausea, with no eructations of carbonic acid gas;—it was consequently discontinued. She took the antispasmodic mixture another week, at the end of which she was perfectly recovered.

As frequent obstinate cases of dyspepsia are met with, in general, probably owing to the debilitated stomach, producing the acetous fermentation on the food, would not this be an improved method of treatment?

March 4, 1817.

P.S.—S. J. E. must solicit pardon for the apparent inattention to

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to his promise in No. 201 of this Journal; and likewise gratefully assure E. C. B. that his vanity was flattered, and his medical knowledge not a little improved, by his learned, judicious, and friendly lesson in No. 203; assuring him, that the treatment there alluded to was *approved of* and adopted, but has hitherto *proved* unsuccessful.

For the London Medical and Physical Journal.

Remarks on the Case related by S. J. E. in page 18 *of the present Volume;* by J. A.

IT is evident, by the history, that the patient is subject to inflammatory complaints, which have probably increased in frequency since the cessation of menstruation, and since the irritability of her constitution has been increased from those causes which rendered attention to the wants of her family more necessary.

As far as this goes, the remedy is simple, if it can be complied with,—namely, that her mind should be kept as free as possible from anxiety; her diet simple; and frequent local bleeding, either by leeches or cupping glasses. Add to these, great care should be taken to keep the head as cool as possible, and the feet, with the whole lower extremities, as warm.

The next question is, Whether there is any thing like a periodical return of the paroxysm? If this return be regular, and, as would appear by one part of the account, with more or less violence most nights and part of the morning, Fowler's solution should be tried in the dose of five drops three times a day. If the periods are more distant, their probable return should be calculated with as much certainty as possible, either by the usual period of return, or by any symptoms which may have been observed to precede the paroxysm; and, at times, evacuations, local and general, should be used with great freedom, all the attendant and consequent symptoms and effects being watched with the greatest attention. In either case, the patient should drink nothing stronger than water or thin table-beer.

Such are all the opinions that the writer of the above feels himself authorized to give from the present, as he conceives, imperfect statement of the case.

For

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For the London Medical and Physical Journal.

Some Observations relative to the New Method of Extracting the Cataract, as recently proposed by Dr. Lobenstein Lobel in the Edinburgh Medical and Surgical Journal; by EDWARD CHAPMAN, Esq.

ABOUT six months prior to the date of this communication, on considering the many objections which admit of being urged against the operation of extracting the cataract through the aperture caused by a circular incision of the transparent cornea, an idea suggested itself to me, whether or not there existed a possibility of removing the opaque lens by means of an incision through the schlerotic and choroid coats, at a few lines distance from the junction of these tunics with the cornea itself.

In order to ascertain the practicability of such an operation, (no opportunity occurring of making the experiment on the subject previous to the removal of the eye from the orbit,) I substituted the eyes of various quadrupeds, and, in the presence of several medical friends, proceeded to its performance.

From these experiments, (for they were frequently repeated) such were the results obtained in establishing the facility with which the crystalline humour would admit of being removed from such a situation, that I had anticipated the pleasure of communicating to the profession, through the medium of your periodical publication, the particulars of an operation, possessing, on the one hand, all the advantages, and obviating, on the other, the following disadvantages of the usual mode of operation.

First, The objection arising out of the probability of the subsequent partial or total opacity of the cornea.

Secondly, The injury which frequently is occasioned to the iris, in the passage of the opaque lens, through its aperture or pupil into the anterior chamber.

Thirdly, The increased facility with which the divided parts are re-united, in consequence of the certainty with which the edges of the wound would remain in contact subsequently to the operation. And,

Fourthly, The possibility of thus removing, by extraction, the opaque crystalline lens, although union shall have previously taken place, betwixt the fibres of the iris whilst in a state of dilatation, and the capsule of the lens, the pupil being in such cases in a measure obliterated.

Notwithstanding, however, the favourable view which I had taken of this subject, in consequence of the nature of

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the inferences deducible from my experiments, I determined, before giving them publicity, to pay further consideration, reflecting, that, as they had hitherto been confined to the eyes of oxen, sheep, &c. there might possibly exist some difference in the relative situation of the parts with respect to the human eye. Such a determination, I have experienced no reason for regretting, since, in opportunities which were shortly afterwards afforded me of making the same experiments on the eyes of the subject prior to the removal from the orbit, so different was the degree of facility with which the removal of the lens could even be accomplished, that I became somewhat discouraged from proceeding any further in my investigation.

In performing the operation on the subject, whilst the eye remained in the orbit, I made an incision through the sclerotic and choroid coats at a few lines distant from the edge of the transparent cornea, and occupying an extent of about two-thirds of an inch; with the extremity of the instrument having lacerated the capsule of the crystalline lens, the instrument was withdrawn, and a considerable degree of pressure made upon the globe of the eye, but without effecting the escape of the lens. Having found, that, in consequence of the toughness and inelasticity which the choroid and sclerotic coats possess, and their consequent incapability of yielding to the pressure of the lens from within in its endeavour to escape, it was necessary the incision should be enlarged; I increased in a very inconsiderable degree the extent of the incision, when, with the assistance of a very gentle pressure, the crystalline escaped; not alone, however, but unfortunately accompanied with a portion of the vitreous humour.

I have several times since repeated this experiment, and, from the sum of their results, have found ample and sufficient reason for the deduction of the inference, that, through an opening less in extent than is sufficient to admit of a partial protrusion of the vitreous humour, it is, in the generality of cases, impossible, without making use of a degree of pressure which would be incompatible with the subsequent maintenance of vision in the organ, to effect the escape of the opaque lens.

As the cause of its experiencing so much difficulty in its removal from this situation, through an incision less extensive, I can assign no other than the unyielding and unelastic property of the tunics, in connexion with the difficulty which the lens, being of a convex form, experiences, in common with all other convex bodies, in its passage through a more lineal aperture or section by incision. This latter circumstance

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cumstance I have endeavoured to remedy, by varying the form of the incision so as to render it more favourable to the convexity of the lens; such a variation of form, however, I have since found utterly impracticable, in consequence of the very inconsiderable space which exists betwixt the iris and the vitreous humour.

Finding such difficulties, therefore, in this operation wholly insurmountable, I had determined on not troubling you with any relation of my experiments, or even with its proposal; and, from such a resolution, should not have deviated, had I not, to my great surprise, on reading a recent number of the Edinburgh Medical and Surgical Journal, seen a communication from Dr. Von Embden, whence it appears that a discovery to the effect of this proposal had lately been made by Dr. Löbenstein Löbel, in consequence of an accidental occurrence. In concluding this paper, I have to observe, that its object is not that of depriving this gentleman of any merits he may himself attach to his discovery, but merely that of giving it as my opinion, that the operation of extracting the cataract thus conducted, will never be deserving of a preference to that in present use.

Bath; March 12, 1817.

For the London Medical and Physical Journal.

Prize Question.

[We think it right to give the greatest publicity to the following, which we extract from the Philosophical Magazine.]

Z. of seventy-two years of age, of uniformly temperate and active habits, and of health in general good, though not robust, was afflicted twenty years ago with the jaundice, arising from gallstones which have not since troubled him; and three years ago, with a hernia humoralis, which suppurated, and left the patient considerably debilitated. Some time after this disease, his stomach became disordered, and has ever since been liable to loss of appetite, extreme flatulency, and frequent vomiting. This vomiting has usually occurred at night, about eight or ten hours after dinner. Sometimes, but rarely, food was ejected from the stomach. In general a bitter fluid, resembling bile, was thrown up. The violence of these symptoms sometimes intermitted for three or four weeks, and then returned again, as if from some noxious accumulation in the stomach.

Of course, the patient was weakened and somewhat emaciated

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ciated by the continuance of this disease; but his spirits, and the activity of his mind, have at no time been depressed. Every article of diet that is considered as flatulent had been at different times sedulously excluded. Animal and vegetable food have been tried alternately and in conjunction. Abstinence from wine, and from all fermented liquors, has also been tried; and these trials have been made with care by a person used to experiment, and whose appetite is entirely subservient to control; and, from repeated trials, he has found nothing which has appeared peculiarly obnoxious to his stomach, but fried fat, and the skinny or sinewy parts of meat, and the acetous acid.

At different times, wine of all sorts, and malt liquor, have been disagreeable to him. At other times, Port wine, mixed with twice the quantity of water, has been his beverage at dinner, with sometimes one, or at most two, small glasses of Port wine after dinner. But malt liquor, viz. small beer of a good quality, has seemed to agree with him better than any other liquid. Water, which in his neighbourhood is excellent, has not been found salutary—for whether water, beer, or wine, or meat, or vegetables, or simple puddings, or roasted apples, made part of his diet, the same inordinate flatulency and sometimes subsequent vomiting have recurred. It is to be observed, the acidity which usually attends common indigestion has not been a symptom in this disease.

The bowels have in general been kept in a proper state by a small quantity of aloes taken in the form of Darwin's dinner pills, which has never produced any constriction nor any excess.

Various remedies have been proposed by the medical friends of the patient, who is happily known to many men of medical eminence. Opium, bitters, alkalies have been tried; but every kind of drug seems to have been ineffectual. Indeed, the patient, though he has most sincere regard for individuals of the medical profession, and a high opinion of their skill, is not at all inclined to tamper with his constitution.

There is another symptom attendant upon this disease, which must be mentioned. Ever since his recovery from the hernia humoralis, three years ago, his urine has never returned to its natural colour, but has constantly been of a whey ish appearance, yet without flocculi or gluten. It has been voided in usual quantities in the day-time, but with unusual frequency in the night. At times, the urinary secretion has been affected by a strange propulsion of wind from the urethra, attended with a considerable hissing or explosive noise, and ejecting a white fluid that has the exact appearance

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appearance of cuckoo-spittle; but which, on being touched, appears to be nothing but common urine mixed with air, without any gelatinous consistence. This symptom is always attended with a slight distension of the rectum, so that the patient cannot determine the source from whence this gas is evolved; but this affection is not attended with any pain or inconvenience.

The pulse has usually been regular, beating from 72 to 86 in a minute; at times, however, it has intermitted, and totally stopt for some seconds; but this irregularity has of late been less frequent.

At the beginning of dinner, a spoonful or two of soup, or the first morsel he eats, particularly if salt or spiced, produces a profuse perspiration on the head, though at other times neither heat nor exercise produces perspiration.

No prescription or advice will be attended to, the materials or rationale of which are concealed.

*** I have to state, that a premium is offered by a gentleman of honour, and that I will take care to forward to his address any communications which medical gentlemen may wish to send to him. Let them be sent sealed, and without expense, in an envelope, stating that the enclosure relates to the premium.—A. T.

[Alexander Tilloch, the Phil. Mag. is published by Cadell and Davis.]

For the London Medical and Physical Journal.

Anchylosed Joints and other Anomalous Symptoms from Scarlatina.

THE ingenious paper of your learned correspondent, Dr. Henning of Zerbst, brought to my mind several peculiarities of Scarlatina, which I do not remember to have seen described in any writer on that disease.

Notwithstanding the industry with which Dr. Willan has collected all the peculiarities of this disease from every author of celebrity, as well as from his own observation, I shall venture to offer a few remarks, which have, I believe, escaped his notice. And first it may not be amiss to say a few words on the paragraph with which he introduces his description of *scarlatina maligna*. "It is truly singular," says he, "that the slightest of all eruptive fevers, and the most violent, the most fatal disease known in this country, should rank together, and spring from the same origin. Experience, however, decides that the simple scarlet fever, the scarlatina anginosa, the scarlatina or angina maligna, and

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and the scarlet ulcerating sore-throat, without efflorescence on the skin, are merely varieties of one disease. That all of them proceed from the same source of contagion, is evident; because, under the same roof, in large families, some individuals have the disease in one form, some in another, about the same period. According to the state of the air, the soil, climate, or season of the year, one form predominates over all the rest, and gives the general character to every epidemic scarlatina."

Though this last position is generally true, yet it will appear, in a closer sense, inconsistent with the immediately preceding sentence in the same paragraph, where we are told, that, "in large families, under the same roof, some individuals have the disease in one form, some in another, about the same period." The remark is, however, for the most part, just; but not when this ingenious writer speaks of such varieties as peculiar to this contagion.

From the same contagion how numerous are the varieties in the small-pox! In the measles they are scarcely less so. In the prison fever, how numerous are the instances in which members of the court have been alarmingly and even fatally affected, whilst the prisoners have been well enough to attend their trials. In the last instance, indeed, the uniformity has been greater, because the external condition, habits, and the air they have been accustomed to breathe, are different in those who compose the court, and in the inhabitants of the prison; but nothing of this kind is necessary to produce the greatest variety in the exanthemata.

Having premised thus much, I shall proceed to show some varieties in scarlatina, which, if noticed by Willan, have not been described with the minuteness and perspicuity that are usually found in his writings.

The first thing I shall notice may, indeed, be inferred from him, but is by no means so strikingly marked as I have frequently met with it among the patients of the Dispensary. In some of these cases, the whole disease has been confined to the lips, sometimes to the angle of the mouth, from which it sometimes extends to the inside of the cheek. In the last instances, I have seen the ulceration so extensive, and found the fœtor so considerable, that, recollecting the general custom of giving mercury in all cases, I suspected the symptoms to be the effect of a mercurial salivation in a subject peculiarly susceptible of the impression of mercury, and not sufficiently attentive to cleanliness. I was confirmed in this by finding four children in the same family affected in the same manner. These cases proved extremely tedious, and were, throughout,

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out, attended with extreme debility. However, they all ultimately recovered. The throat in all was little, if at all, affected.

Whilst this family was under my care, two or three others, from the same neighbourhood, were brought to the Dispensary, and one child was unable to leave home. On visiting the latter, I found a severe scarlatina, without any sore throat or sore mouth, excepting that peculiar papulous appearance of the tongue so accurately described by Willan, and so correctly delineated by his engraver. Having now acquired this clue in investigating the cause of the ulcerated mouths, I made no difficulty in ascribing them to scarlatina, and, having hitherto met with them only among the poor, conceived it probable that the children were infected by using the same spoon, which might produce an inoculation, as in the small-pox, and render the superficial part of the disease much more, if not entirely, local, with only a symptomatic fever. But the following history of the progress of the disease in a well-regulated family, of very superior rank, if it does not altogether contradict that theory, at least renders it very doubtful.

The children are three in number. The first had no other symptom but a foul ulcer on the lip, the cause of which was never suspected. It continued to spread, with a sordid bottom and a most disagreeable smell, which no attention to cleanliness would remove or much mitigate. The debility was extreme. In this manner things continued, when a scarlet eruption appeared on another child, extremely mild, but sufficient to excite suspicion and some alarm lest the former should be infected under such unfavourable circumstances. On this subject, however, I had no difficulty in making up my mind that the ulcer on the lip was only scarlatina in a form I had so frequently seen, but chiefly in families very different from the present.

The eruption passed rapidly through its stages, produced only a trifling desquamation, but left the patient extremely reduced in strength. Meanwhile, the third child was seized with the symptoms, and seemed to have passed every danger, when, by its extreme fretfulness, a suspicion was excited that all was not right. At length, a swelling and great tenderness was discovered at each elbow, and afterwards at each knee. The pain and fever were alarming, and the irritability of the child such as almost to preclude the near approach of any one, excepting for the most necessary purposes. In the end, the joints became, to a certain degree, anchylosed, the knees completely so, and the arms admitting a very limited degree of motion. It is the more necessary, that such a case

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as this should be known, because, though not very infrequent after small-pox, I do not recollect such on event after scarlatina. From its being so little suspected, and from the extreme irritability of the child, sufficient pains could not be used to keep the limbs in the most favourable position for such an altered condition. The arms were, fortunately, in a state of semiflexion, and, in consequence, the little patient has as much use of them as could be acquired; but the knees remain permanently bent and with very little motion. Though this inconvenience, had it been suspected, could not have been entirely prevented, it might to a certain degree, as the upright posture, with a stiff knee, would have been less inconvenient, than the same joint incapable of a full extension.

For the London Medical and Physical Journal.

Observations on a Wound of the right Eye-brow, followed by Loss of Sight in that Eye, and Amblyopy of the left Eye; by M. LAMERCIER, M.D. of Mayenne.

JOHN DUVAL, domestic, æt. 32, of a sanguine temperament, tall, stout, and healthy, having gone to market with an ox, on the 16th Feb. 1816, holding him, he stooped down, and the ox suddenly throwing up his head, one of his horns struck Duval under the right eye-brow, and carried away with it three-fourths of the eye-brow, leaving the corona naked, and occasioning instantly almost an absolute loss of sight. On washing the wound, it was found that neither the ball of the eye nor the upper eye-lid were at all injured. Salt and water, and a compress of linen, were applied to stop the bleeding; and he was put to bed, where he rested three or four hours. On getting up, removing the bandage a little from off the left eye, he found that he could scarcely distinguish even with it the chairs and tables in the room; but, as he was in no pain, and even had an appetite, he took a bason of soup, and drank two glasses of cyder. Being unable to see his way home on foot, he procured a horse. In the evening he ate his supper as usual, went to bed early, and slept pretty well. The next morning, a woman of the village dressed his eye with a balsam, and, in three weeks, she perfectly healed the wound. He was then brought to consult me on the state of his sight.

I found an irregular cicatrix or scar protruding a little on the part next the eye; the upper eye-lid unhurt, and capable of motion, like the other; the globe of the eye without any sensible

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sensible alteration, simply black at bottom; the iris and the pupil motionless, and insensible to the flame of a candle. In broad day, the patient could not discover light from darkness. The left eye had no appearance of injury; the pupil only seemed more dilated than usual, but less so than that of the right eye; the iris sensible, and contracting visibly on raising the eye-lid, or on passing from a dark place into a strong light. The patient could only distinguish even large objects when near to him. In the day-time he would make a shift to go about alone, but, at night, only to places he was well acquainted with. He suffered no other inconvenience than the loss of sight; he ate, drank, and slept, as usual. After communicating my fears as to the total loss of sight in the right eye, and the hope of recovering that of the other, I ordered him, first, to apply four leeches round each eye; secondly, to take every three days during three weeks, two grains of antimonial tartrite of potass in two glasses of water, a table-spoonful every half hour; thirdly, the days that he did not take the emetic, to take an ounce of acidulated tartrite of potass in a little broth; fourthly, to wear, day and night, on the eyes dossils, (*sachets,*) moistened with a mixture of lime and muriat of ammonia, to be renewed every ten days at least; fifthly, to rub several times a day the circumference of the orbits with the balsam of Fioraventi; sixthly, to have a seton applied on the nape of the neck, and to keep it five or six weeks. Duval followed these directions, and, in six weeks, the sight of the left eye was completely restored; the right eye is entirely lost, open, but without deformity.

Even so early as the time of Hippocrates, it was known that wounds of the eye-brow sometimes produced loss of sight. Of the others who have written upon it, some attribute it to the disorganization or affection of the brain or its membranes; others, to extravasated blood in the cranium, or purulent deposits on the meninges, in the brain or on the beds of the optic nerves. Several assert, that it is owing to the lesion or irritation of the frontal or nasal branches. It is probable, that all of these may produce the effect; but, in the present case, the loss of sight proceeded only from the lesion of the frontal nerve. In fact, the patient felt no shock, he did not become insensible, nor even giddy, nor felt any pain except that arising from the wound. The loss of sight instantly followed the wound; from which it is evident, that it is the lesion of the frontal branch to which we must attribute the loss of sight; but, in what manner was this produced?—Was it by the paralysis of the muscles of

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the eye, or by that of the iris or the retina? M. Ribes has considered the question under these three points of view. He has demonstrated, in a luminous manner, that the paralysis of the iris, and of the muscles of the eye, do not prevent the retina from preserving the faculty of perceiving objects. It is, therefore, on this latter membrane that the lesion of the frontal nerve exerts its effect without denying the mediate influence, that the *trisplanchnique* (as M. Ribes thinks), may have in the paralysis of the retina, in consequence of the affection of the nerves of the eye-brow. It seems to me that one may conceive it, as Sabatier observes, by the medium of the nasal branch, which communicates with the lenticular ganglion, the latter furnishing the greater part of the ciliary nerves which have a direct and intimate relation with the medullary part of the retina, which unites itself with the ciliary body, and thereby receives the impression on the frontal branches. But how has the left eye participated the affection of the retina of the right eye in the present case? Is the retina isolated from the optic nerve, and different from it, as Winslaw, Bichat, and Ribes, seem to think? Or, are we to conclude, with Portal, Boyer, and Richerand, &c. with whose opinion I coincide, that it is only an expansion of the optic nerve? Following this latter opinion, may we conclude that the left eye becomes injured by the communication of the two optic nerves on the upper face of the sphenoid, or by the medium of the brain? and to assume, that, on account of the distance from the seat of the disorder, the effect is sensibly less, and, consequently, vision in the left eye was not destroyed, but only injured. Strictly speaking, we might thus explain the relation of the affection between the two optic nerves. But, when we reflect that the anatomical disposition is always the same, and that, in many cases, wounds of the eye-brow produce loss of sight in that eye without affecting the other, we are rather inclined to attribute the disorder of the other eye to the harmonic connexion between two organs, which have a parity of structure and similitude of functions, which are symmetrically situated in the same lateral division of the body, which make part of the same system, and have a reciprocal tendency to mutual affections, and to form, what in medicine we call, sympathy. In fact, experience has taught us, that, when one of the eyes is troubled in its functions, even without any apparent physical injury, the other soon becomes so. It is thus in neurology, when a nerve on one side suffers, it often happens that the corresponding nerve on the other side becomes painful. In pains in the two eyes, we may

cure

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cure them by acting only on one. Several authors have differently explained this union and sympathy between corresponding organs, but hitherto nothing certain has been advanced upon the point, notwithstanding the positive manner of some physiologists.—Time and further experience may, perhaps, supply the desideratum.

For the London Medical and Physical Journal.

Observations on the Manner in which Caloric is distributed and retained on the Surface of the Human Body; by M. Bres.

THE heat we are susceptible of feeling may be divided into three species, according to the causes which produce it.

The first is heat exerted on the body by the air and external bodies, whatever may be the cause.

The second is the individual heat which seems to have its permanent source in the organs themselves, whatever be its origin.

The third is the heat which is developed by the friction of divers parts of the body against each other.

To study these three kinds of caloric, in their relations with the animal organization, it would be proper to study heat in its primitive species—1, as produced by the sun; 2, by artificial fire; 3, by rubbing external bodies against the individual; 4, by vital foreign heat; 5, by individual heat received by the individual himself; 6, by fermentation and the action of gases.

Individual heat ought to be studied—1, in the pulmonary organs, which, if they be not the source, seem to be the seat; 2, in the other organs, considering them in the trunk, the head, in the abdomen, in the thoracic and abdominal extremities, &c.; 3, in inflammations, and different pathological states.

Heat of the third species is to be studied in the action of the different parts on each other, and in their friction.

After having studied the action of heat on this plan, it would be necessary to make observations on the means employed by nature to preserve vital heat, and to endow the human body with the faculty of struggling with success against the caprices of the atmosphere.

I shall here confine myself to the outline of a more important labour, and inquire only how heat is distributed on the surface of the human body, and especially how heat is

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retained in the places to which the organic powers have directed it.

Who is ignorant that grease or fat, by its quality as a non-conductor of heat, concentrates heat in the individual, in surrounding it with an almost general layer? yet the animal fat, by means of pores, which open and close as necessity requires, permits the caloric a sufficient circulation to establish between the individual or animal heat, and external heat, that sort of equilibrium from which results the state of what we call *feeling comfortable.*

Who is ignorant that the thorax is the part of the body where the caloric seems to develope itself with the greatest energy? In man, it is in the largest cavity, it is from this seat that heat seems to escape in rays through all the parts of the body.

Heat, in escaping from the centre to the circumference, finds places where it establishes a kind of reservoirs or seats.

To establish these seats of caloric on the surface of the body, the organic powers have employed the approximation of the parts; in fact, the parts approaching each other unite their caloric, and prevent the action of the ambient air upon it, which would destroy it.

Thus, the arm-pits become two seats of caloric, by the contact of the arm on the thorax. These two seats are the more useful, as they are placed near the surface of the most massive part of the body, and which, on this account, requires the greater quantity of heat. These two seats, placed between the anterior and posterior parts of the thorax, are the most favourable places for the uniform distribution of caloric.

The various flexions of the thoracic members are also made in the points which become new seats of heat, which may be examined in their turn, in the bending of the elbow, and the flexion of various parts of the palm of the hand and fingers.

The thoracic members, by the various positions which they are susceptible of taking, can augment or diminish the sensible heat. Cold leads us to bend the articulations of these members, and to bring them to the trunk, and to reduce our body into the least volume possible, in order that the vital heat, more concentrated, may preserve all its energy. We know what advantage it is to close the hand, to avoid the cold which would seize the fingers: the number of these, and the pieces that compose them, permit the establishment of a certain number of these seats, the more useful, as they are found on the smallest organs, and the farthest removed from the general centre of heat.

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The head has a considerable seat of caloric under the neck, of which the effect is augmented in bending it towards the sternum. It also possesses very useful seats behind the ears, and under the hair.

But the most important fact presented by the head, under the relation of caloric, is the art of breathing. In fact, when, in breathing, a vapour, charged with caloric, escapes from the mouth and nose, and spreads, particularly in exhaling from the nose, in such a manner as to direct itself on the general centre of heat, on the thorax, then the internal heat seems to throw off its superfluity, and employ it to protect the exterior parts.

Amongst the numerous advantages which man finds in hanging the head in cold weather, we may remark that of directing the heat exhaled by the lungs on the exterior of the breast, and protecting, by the warmth, the seat of heat itself.

When we walk quickly, the air, which leaves the lungs charged with caloric, is guided by the atmospheric air, and no longer descends upon the sternum. It directs itself only on the neck, where, perhaps, it becomes of great utility in preventing accidents.

On examining the abdominal extremities, we shall discover several seats of heat in the various articulations; the most important is that which is found between the two thighs. These parts, in approximating their caloric, preserve it; and their considerable volume serves to prolong the duration of its existence. The muscles of these parts tend sometimes to augment their heat by their reciprocal friction: this heat is rendered still more considerable by the flexion of the femur on the abdomen; and we ought, perhaps, to remark here, that the gas which escapes from the anus throws a new heat on those parts, and has some relation, under this point of view, with the air which exhales from the lungs in the act of breathing.

The flexion of the leg upon the thigh establishes a centre of heat at a considerable distance from the general centre of caloric; and the ham, in bending, becomes very useful for the preservation of the caloric, which we obtain in a still more positive manner in putting one thigh upon the other.

The same advantage is found in the flexion of the toes, and in their approximation, each of which is more considerable than in the hand, and which was necessary, on account of their greater distance from the general centre of heat.

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We must here remark a very important fact—it is that the flexion of all the members tend to throw upon the abdomen, the principal seat of external heat; the general flexion of the trunk itself concurs to this end.

When the atmosphere is cold, all our members tend to approach the abdomen; the vertebral column bends forward, and the head bows over the breast. Thus are concentrated the seats of caloric, to augment their energy; and thus all these seats seem to unite to form only one.

After having observed this *concensus* of the parts, to fix the centre of external heat on the anterior part of the trunk, ought we to be led to conclude the necessity of an external heat, active and permanent, brought to this part? or rather ought we simply to consider this *concensus* as necessary to fix the heat in a general centre, where the approximation of so many parts tend to preserve it?

There is no doubt that caloric is one of the agents of digestion; it is also necessary to gestation. These two phenomena, which we may regard as the most important in our organization, have their seat in the space where heat is the most easily concentrated, and the longest preserved.

During sleep, caloric has a permanent energetic action on the organization. The suffering the predominance of the flexors over the extensors to manifest itself, permits that general state of flexion, the effects of which we have observed, and which concentrates the heat on the anterior part of the trunk. It is then that the caloric is divided between the parts. All the members, in bending on the trunk, go, if we may so express ourselves, to seek it at its source; and, in impregnating themselves with caloric, assume that state of dilation so necessary to the distribution of the nourishment in the parts.

The form which the body assumes in this state is, that of the child in the bosom of its mother; this form, so well adapted to that of the matrix, is a long time that of the body of the infant, to which heat is so necessary in the first months of its existence. This form is also that of animals which sleep the greater part of winter, and which, deprived of the motion of the members, and of the motion of nutritive substances, in the interior of the body, have need of preserving their heat by every possible means.

Setting huddled up *(accroupissement)* is a state much more habitual amongst the northern nations than amongst those of the south, on account of the atmospheric cold; and, perhaps, one might refer to this habit the difference between the people of the north and those of the south in their

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their carriage. In general, the southern nations walk erect, while those of the north have their bodies more or less bent. It would be carrying the spirit of system too far to suppose, that the deformity in the figure of the Laplanders depends partly on their custom of setting squat during a part of their existence.

Every moment devoted to the examination of the admirable economy of the human body, enables us to discover in it new perfections.

I will here pause, inviting the reader to reflect on the agreeable sensations, that the faculty of diminishing or augmenting his external sensible heat may procure him by simply approximating or separating the parts from each other. Is not this advantage, for many individuals, one of the benefits of the creating genius which we enjoy without appreciating it? Happy, if, by these observations, I may call forth a new homage of admiration of that organizing Power which has made nothing without an object, and whose object has only been the multiplication of our agreeable sensations.

For the London Medical and Physical Journal.

On the internal Use of Stramonium; by HENRY WARD, Esq.

THE fashionable practice of quackery (if I may so call it) is become so notorious as to be disgusting to every scientific practitioner. Monopoly in physic is disgraceful, and it is much to be regretted, that patents or mock degrees should be imposed on the public in the manner we are daily seeing, to the discredit of medicine, as well as the ruin of so many constitutions. For this reason, the exertions of regular practitioners in communicating medical facts, through the channel of respectable publications, both abroad and at home, is become more essential to the advancement of professional knowledge, and for the benefit of mankind. With this view, I beg leave to offer the result of several diseases peculiar to the lungs and chest, which have yielded to a preparation of the stramonium, given in doses according to the nature of the complaint and condition of the patient.

Having for a length of time witnessed the good effects of the Datura stramonium, in asthmatic and catarrhal affections, when smoaked in lieu of tobacco, I was induced to prepare a tincture after the following formula.

℞. Stramonii

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℞. Stramonii Exsic. et Incisi. fʒiv. Spt. Vini Tenuis, fʒxv. Spt. Ammon. c. fʒj. Macera dies per xiv. et Cola.

The above is not offered as a never failing remedy, (for in medicine I know of no such thing,) but, in the generality of cases where it has been given, it has been with the most pointed success. The dose is from ɱxiv. ad ɱxxiv. gradually increased. One patient took fʒfs. which produced a slight nausea, but not the least degree of vertigo, as was imputed to this plant by several writers. In many cases, it has, I think, succeeded better than the squill. In cases where the chest has been greatly troubled with phlegm, an emetic of Pulv. Ipecac. has succeeded its use.

To relate a number cases would be to say no more than I have already related. All the patients to whom I have given the tincture have been labouring under asthmatic and catarrhal affections; but the generality of them have found the breathing extremely assisted by it. This, I trust, will be sufficient to induce your readers to give the remedy a fair trial, and communicate the result.

Sloane-street; March 20, 1817.

For the London Medical and Physical Journal.

Mr. Woodham *in Reply to Mr. Walker.*

"Let the gall'd jade wince."

"ECCE iterum Crispinus!" *(Pedantry.)* Mr. Walker again upon the stage! I fancy, I hear your readers exclaim on viewing your last Number. His *fifth* accusation is, that I am a churl, and a man of an immature or distempered judgment, and a poor deluded gentleman, and, to complete the climax, troubled with the spleen.

When Rousseau was informed, that the Inquisition had ordered one of his books to be burnt, he replied, "bruler n'est pas repondre." (More *pedantry.*) Calling names, I conceive, is not answering. With regard to being splenetic, he may believe me, when I say, that I am

"Spleen, vapours, and *small-pox*, above them all."

Allow me, Mr. Editor, (I hope you have pardoned my *gross* reprobation) a few words, "Brevis esse laborabo." (More *pedantry* still.)

"When this gentleman," (meaning myself,) Mr. Walker observes, "fastens upon any one, methinks he is not easily choaked

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choaked off;"—To talk of a gentleman *fastening* upon any one, and that he is not easily *choaked* off, may be considered very *elegant* and *polished* phraseology at Oxford; in London, it would be deemed somewhat *vulgar*. Had Mr. W. said, "when once this gentleman begins to criticise, it is not an easy task to make him desist from his criticisms," he would have expressed himself, if not justly, at least not vulgarly. Fastening on, and choaking off, are terms in use here only among Exeter-Change men, buffers, and gentlemen of the *Fancy*. Mr. W. goes on, "I may in future, (that is, I do now,) venture to attribute Mr. Woodham's *churlish remarks* to an immature or distempered judgment." Whether my remarks on his theoretical and practical *improvements*, more particularly in small-pox, (a disease for which he seems to have a more than parental fondness,) were churlish, and the effects of the cause he has assigned, I shall leave the public to determine. Mr. W. continues, "Mr. Woodham (poor deluded gentleman!) seems entirely to have mistaken the design of my communications, and, as I apprehend, his own qualification, which is, that he should *profit* by them, not *comment* on them." How *immature*, or how *distempered* must be that *judgment*, and how *deluded* by an over-weening opinion of his own abilities must he be, who could imagine that myself, or even a mere novice, could profit from dull and prolix relations of absurd hypotheses and jejune observations! or was in want of that routine information, which was to be found, as I before mentioned, in every system and compendium of medical practice!

London; March 5, 1817.

[Our only apology for inserting this monthly spar, or this contention *versibus alternis* is, that the communications are short, and that each party contrives some little novelty for the other to answer. We hope, however, both will see the propriety of hereafter submitting to the decision of the public, who must by this time be ample judges of the comparative merits of each, as men of judgment or men of wit.—EDIT.]

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COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

Observations on the Structure of the Brain, comprising an Estimate of the Claims of Drs. Gall and Spurzheim to Discovery in the Anatomy of that Organ. By JOHN GORDON, M.D. F.R.S. Ed. Lecturer on Anatomy and Surgery, and on the Institutes of Medicine, Member of the Royal Col. of Surgeons in Edin. and one of the Surgeons of the Royal Infirmary. 8vo. Ed. Blackwood, 1817.—pp. 215.

Examination of the Objections made in Britain against the Doctrines of Gall and Spurzheim. By J. G. SPURZHEIM, M.D. 8vo. Edin. and Lond. Baldwin and Co.—pp. 87.

NOTHING is so destructive to the improvement of science as the chilling blast of ridicule or invective which every improver expects to receive. Unfortunately, nothing is so easy as to find fault, and, to young writers, nothing so pleasant as ridicule! The boy *modo custode remoto* thinks nothing so charming as to bask with his newly unfettered limbs in the sunshine of liberty, and to retort on his elders all the drudgery to which he has been, as he conceives, so unreasonably confined.

The more noble the game, the greater the merit. Thus, the name of Hunter, so long celebrated throughout Europe, was, in the Edinburgh Review, attacked with most unhallowed indecency, by one who seemed to boast that he was young enough to be the grandson of Abernethy,* the eulogist of his venerable master. This was not enough, but the strippling must threaten in a future number to attack names which had passed the ordeal of the first anatomists in an university always celebrated for the number and accuracy of its dissections. All this might have been pardoned, had the juvenile critic apologised for, instead of boasting of, his youth. But, whatever apologies his friends may think him entitled to on that score, nothing can ever excuse the conductors of the Review for permitting two such articles from such a source. It is, however, something in extenuation to find, that, from a conviction of their error, which it would become them to acknowledge, they have since declined mixing in a contest they cannot understand.

* "We have laid down of late, a plan of the strictest economy as to the expenditure of that portion of the very *quickly and powerfully mobile* substance which has fallen to our share, and we are not without hopes that it may thereby be made to last for three-score years to come: it is that plan, not to squander our youth."—*Extract from the Edinburgh Review of Mr. Abernethy's Lecture on Mr. Hunter's Theory.*

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It is very true, as we shall see it presently remarked, that the French anatomists did not entirely agree with the whole of the new doctrine. It would, indeed, have been strange, if they had. Surely, the warmest votaries would scarcely require that men, some of whom have passed their seventieth year, should instantly adopt a science more new than the circulation of the blood in the days of Hervey. Their report, though cautious, was candid, and, compared with the coarseness with which the same characters have been treated in Britain, will be among the accusations of vulgarity so often pointed against us. A commission of the most distinguished members of the National Institute, in a Memoir signed by the illustrious Cuvier, declared that "the opinions of Gall and Spurzheim would not be controverted *in limine*, by those whose only wish is to be informed;" and, in several other parts, they admit, that "they have [Gall and Spurzheim] proved what was imperfectly described by some of the older anatomists, and, consequently disregarded by their successors; and that they are the first who have distinguished the two orders of fibres of the medullary matter of the two hemispheres," &c.

Such a report as this might have rendered us cautious on this side of the water. We might, at least, have recollected, that in this instance, the French anatomists sacrificed their national vanity, and submitted to be taught by Germans. It is not to be wondered if the founders of a new doctrine were dissatisfied with even this document in their favour. But we are scarcely authorized to say so much. There is rather reason to believe, that having so far gained the public opinion, their wish was, by further explanations, to satify every remaining doubt. As might have been expected, from one of these causes, they renewed their experiments, and gave the result with greater minuteness, and with a proper attention to the objections of such candid reporters.

Every one of our readers must be aware, that even demonstration on so nice a point is difficult, unless conducted under every possible advantage, and by persons in the constant habit of such examinations. Description, and even plates, though highly necessary for comprehending the subject, must be useless as matter of controversy. We have, therefore, made long selections from such passages as we found most interesting, most intelligible, and most likely to enable our readers to comprehend the various parts of the controversy.

The following is part of Dr. Gordon's introduction to his Observations.

"The interest I necessarily feel in the advancement of anatomical science, made it impossible for me to hear with indifference, that certain discoveries had been made, some years ago, in the anatomy of the brain, by two German physicians, Drs. Gall and Spurzheim. But, though the matter did not escape my notice, I had no opportunity of considering it with the attention its importance required, till I was occupied in preparing a description of the nervous system, for the first volume of my System of Anatomy.

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It then became necessary for me to examine, with all care, the writings of these gentlemen on the same subject, to repeat their dissections frequently, and to compare their descriptions and engravings strictly with nature. I will not pretend that this inquiry left me very doubtful concerning the accuracy of their observations. To a certain degree, however, I did suspend my judgment; as it was just possible that the appearances and structure which they claim the merit of having first displayed, had been invisible to me in consequence of some mistake in the method of dissection, or a want of expertness in the manipulations peculiar to these anatomists. It was with considerable satisfaction, therefore, that I learned Dr. Spurzheim's intention, after his arrival in this place, to give a demonstration of the brain. I have twice seen his dissections of this organ; but I am sorry to say, that, by these opportunities, the unfavourable estimate I had formed of his and Dr. Gall's labours, has been not removed, but confirmed. I cannot but believe, that their pretensions are yet as unfounded as they have been confidently advanced; and are, both in their results and in their principles, calculated to retard the progress of real knowledge.

"This opinion has been adopted after long and painful research; and I own it neither surprises me, nor (if I may be pardoned for so speaking) diminishes my confidence, that others, whose names are not unknown to the medical world, have expressed different sentiments. An intimate acquaintance with the structure of the brain is exceedingly difficult of acquisition; the organ is peculiarly delicate, and its parts are intricate and numerous. Fully proportioned, however, as the importance of this knowledge may be to the obstacles in the way of attaining it, in a physiological point of view, it is fortunately not of essential consequence in the practice of medicine. Diseases may be distinguished from each other, and the proper remedies applied to them, without it; and hence it happens, that a study at once arduous, and in a great measure unnecessary, is easily relinquished; and that skilful and eminent practitioners are satisfied, and justly so, with a general view of the structure of this organ. The information, too, demanded by the profession, cannot fail to influence the learning and the lessons of its instructors; who have little inducement to possess, as they have none to impart, more knowledge than they are required or expected to convey. It is neither unaccountable nor unreasonable, therefore, that the anatomy of the brain should be imperfectly known to many, who are distinguished in teaching and practising the various branches of the medical art.

"These circumstances are undoubtedly favourable to the progress of any hypothesis respecting the structure of this part of the human frame. Provided its author have the prudence to found it on some established truths, and the dexterity to represent it as the means of explaining certain phenomena hitherto inexplicable, he may often venture, with great prospect of success, to bring to its support facts not observable in nature, and not the parents, but

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the offspring of his theory. The persons he addresses, whose early studies (never, perhaps, in this department complete) have much faded from their recollection, and whom the duties of an active and toilsome profession prevent from yielding the attention requisite for mature judgment on such a subject, are apt to acquiesce in any statements having an air of plausibility, and asserted with confidence. Without time or opportunity for experiment or observation, they are willing to compromise; and to receive that as correct, which looks as if it might be so.

"In some such way as this alone, can I account for the support, with which the alleged discoveries of Drs. Gall and Spurzheim are said, in several places, to have been honoured. For I am quite persuaded that no one can consult the history of the science, and afterwards appeal to nature, without being convinced, that such of their statements as are peculiar to them, owe all their plausibility to inaccuracy, to the neglect of some appearances, and to the imagining of others; and that the descriptions which they have derived from the writings of other anatomists, and which they have sometimes modified but never improved in the transference, make up the whole portion of truth which this new system comprehends.

"Entertaining this opinion,—satisfied that it must be sanctioned by all attentive inquirers,—and anxious to check, as far as I may, errors of such magnitude in anatomy, I have been encouraged to lay the following pages before the profession and the public. Little, perhaps, can be said that would not readily occur to those, who attempt to verify, by dissection, the descriptions of Drs. Gall and Spurzheim. But as this test is not always convenient, and as the works of other anatomists, whose labours must not be forgotten in estimating the merits of their successors of this day, are not always accessible or easy of reference, it was represented to me, that the result of my inquiries would not be unacceptable to those who, with smaller opportunity or occasion of study, wished to have some materials for forming their opinion on a scientific question of such interest.

"On a subject of this kind, it is not easy, without demonstration, to be always quite intelligible. The force of mere authorities is likely to be sometimes overlooked by the reader; and it is natural to expect, that in the end a good deal may still appear as disputed assertion. But, notwithstanding these difficulties, the late claims to discovery will still, I trust, be sufficiently refuted. They will always be found more groundless the more narrowly they are inspected; and my pains cannot be altogether without reward, if they prove effectual in promoting investigation. I have only to add, that nothing could have engaged me to publish the present remarks, but a strong anxiety for the progress of medical knowledge, and a deep concern for the reputation of a medical school, which was indebted to anatomy for its first celebrity throughout Europe.

"The most complete summary of the doctrines which it is my object

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object to examine, is to be found in the article *Cerveau*, in the 4th volume of the Dictionnaire des Sciences Medicales, published at Paris in the year 1813. It is written by Drs. Gall and Spurzheim themselves, and bears their signature; and, as it is the latest dissertation which they have composed on the subject, it may be presumed to contain the expression of their most matured opinions. This essay I have inserted *verbatim* in the Appendix; and it is my intention to refer to it constantly, in the following pages. Two advantages will result from this. In the first place, it will enable my readers to perceive whether or not I have, on all occasions, correctly interpreted the meaning of the descriptions which are the object of my criticism; and, secondly, it will afford those, who have no other means of knowledge, an opportunity of acquiring a perfect idea of the claims which Drs. Gall and Spurzheim have brought forward. In this last respect I cannot refrain from remarking, that I believe the Appendix to be particularly necessary; for I am firmly persuaded, that the number of persons is exceedingly small, in this country at least, who have any conception either of the nature or the extent of the discoveries alleged to have been made by the authors of this new system. Their work in quarto,* of which the first volume was published at Paris in 1810, is too expensive for extensive circulation, and much too tedious for general perusal, even were it more accessible; while the abstract of their anatomy of the brain prefixed by Dr. Spurzheim to his English book on Physiognomy,† is, in several essential points, imperfect.

"In the year 1808, the Institute of France appointed a Committee of its members,‡ to examine and report on a Memoir which had been presented to it by Drs. Gall and Spurzheim, containing an account of their anatomical researches and alleged discoveries. So little satisfied, however, were these anatomists with the report,§ which was returned, and with the small measure of praise granted to them by the Commissioners, that, in the following year, they published a quarto volume, consisting of 274 pages,‖ wholly occupied with a criticism on the decision of the Committee; and in which, with the exception of a single article, the sentiments of the Commissioners implying partial approbation, as well as those ex-

"* Anatomie et Physiologie du Systeme Nerveux en General, et du Cerveau en particulier, &c. Prem. Vol. 4to. Paris; avec 17 planches folio.

"† The Physiognomical System of Drs. Gall and Spurzheim, &c. by J. G. Spurzheim, M.D. 8vo. 2d edit. Lond. 1815.

"‡ The Committee consisted of Tenon, Portal, Sabatier, Pinel, and Cuvier.

"§ There is a translation of this Report in Edin. Med. and Surg. Journ. for January, 1809.

"‖ This volume is entitled 'Recherches sur le Systeme Nerveux en General et sur celui du Cerveux en particulier.' Paris, 1809.

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pressing direct dissent, are alike impugned and protested against. To this work, also, I shall sometimes have occasion to refer, in the course of the following pages.*

"In the three first paragraphs of the Appendix, it will be seen that Drs. Gall and Spurzheim, after stating various objections to the methods of investigating and describing the brain which have hitherto prevailed, claim to themselves the merit of having discovered a new mode of dissecting this organ, viz. of commencing the examination of each part from its first origin, and of following the course and direction of its fibres *by scraping* (en raclant). I propose, however, to reserve the particular examination of these criticisms, and of the claim which follows them, till the conclusion of the present pamphlet.

"I have, therefore, in the first place, to direct the attention of my reader to the opinions of Drs. Gall and Spurzheim respecting the structure of the *White* and *Grey Substance* of the brain in general. I shall then consider the two *Systems of Fibres* which they profess to have discovered in this organ. And, lastly, I propose to offer a few remarks on the *Engravings* of the brain which accompany their large work."

We now offer Dr. Spurzheim's Introduction.

"Discussions, properly conducted, are of great utility. For that reason, I am always ready to examine every objection against our doctrines. But I am sorry to observe, that scientific pursuits are so often degraded by selfish passions and the spirit of party;—that literary publications are employed for the purposes of calumny and detraction;—that invectives are used instead of arguments;—and that, by praising friends and blaming rivals, the progress of the arts and sciences, and the improvement of man, are mightily retarded.

"Such behaviour I will never imitate; nay, the illiberal and uncandid manner in which some British Reviews have taken up our investigations, has hitherto prevented me from attempting justification. As, however, many persons have no inclination, and a greater number no time, for comparing the original works with the reports of the critics; and, as in science the majority of readers believe, without examining for themselves, I cannot entirely avoid controversy. We have never published a separate answer to single pamphlets, but merely considered the objections in our Lectures or in our Works, when treating of the respective objects. Our maxim is, never to fight with darkness, but to endeavour to bring light.

"I am now to submit to the public some observations on the

"* It is amusing, notwithstanding the existence of this work, to hear the Committee of the French Institute occasionally named as supporters of the whole anatomical doctrines of Drs. Gall and Spurzheim."—Who has ever named them as such; see our introductory remarks to this article.—EDIT.

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objections of our principal antagonists in Great Britain, confining myself to the points in question, and depending on the moral sense, the judgment and observation, of my readers. In short and concise expressions, I will state the real object of our inquiries, and the true import of our propositions, and then compare the interpretations of the chief Reviews, especially of the literary gospel of Edinburgh. At the same time I will mention an antagonist, who was at first anonymous, but did not long conceal himself; who then appeared as an author on the structure of the brain, and at last as a historian of the anatomy of that organ.

"The Edinburgh Reviewer speaks (No. 49, p. 229) of 'a conscientious discharge of duty on this occasion;' it therefore is right to name him accordingly. The author of the Treatise on the Brain, in a pamphlet, asserts, that the anatomy of the brain is imperfectly known, even to the distinguished teachers of the medical art in Edinburgh; that the persons I have addressed, never, perhaps, have completed their studies in this department (p. 4); that I have shown the corpus dentatum to spectators, most of whom had never seen it before, and not one of whom had rendered himself familiar with its appearance by dissection (p. 43*). Hence, if there be only one person in Edinburgh who can judge of the appearances of brown and white, he deserves the name of anatomist *par excellence*. As, in his Treatise on the Brain, he states, (Pref. ix.) that he has scrupulously avoided the introduction of any physiological matter; and as in the pamphlet he maintains, that the anatomy of the brain, *in a physiological point of view*, is fortunately not of essential consequence in the practice of medicine (p. 3), I will style him a mechanical dissector. Another name which he merits is that of historian, because he has compiled

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"* As the reader may wish to know who my auditors were, I will mention the names of some gentlemen. At the first demonstration were present, Dr. John Thomson, Prof. Regius of Military Surgery; Dr. Barclay, Lecturer on Anatomy and Surgery; Dr. Duncan, junior, Prof. of Medical Jurisprudence; Drs. Emery and Irvin, of the Military Staff. At the second, were Dr. Rutherford, Prof. of Botany; Dr. Home, Prof. of Materia Medica; Dr. Thomas Brown, Prof. of Moral Philosophy; Prof. Jamieson; Drs. Farquharson, Dewar, Sanders, Anderson, and a great number of professional gentleman. At the Physical Society I gave the demonstration in presence of Dr. Monro, junior, Prof. of Anatomy and Surgery; Drs. Rutherford, Barclay, and Sanders; Mr. Bryce, President of the College of Surgeons; Mr. George Bell, and a numerous audience of medical gentlemen. Since that time, I have often repeated these demonstrations in private parties, and always to the satisfaction of the spectators. *It is worthy of notice, that the essential point alluded to was, whether there is brown matter in the corpus dentatum? This had been denied by the Edinburgh Review*, p. 264."

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facts, excellent indeed—concerning the history of the anatomy of the brain.

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"Every one will perceive, that our adversaries are very witty men. They deal extensively in the ridiculous; and, when they have leisure to become serious, they speak of the motives and *dangerous consequences* of our inquiries; but their generous minds need not be apprehensive, since they declare our doctrines 'incredible and disgraceful nonsense, absurd theories, trash, and despicable trumpery.' If that is the case, while, as they admit, we make proselytes, they have, indeed, very little confidence in the discernment of their countrymen. Why do they not rather listen to our constant declaration, that one fact, well observed, is more decisive to us than a thousand opinions and all the metaphysical reasoning of the schools; and that facts alone can expel such intruders as our doctrines?

"These observations will be divided into three chapters. The first will contain Anatomical, the second Physiological, and the third Philosophical, considerations."

By this latter quotation it would appear that the article to which we objected in the Edinburgh Review, (the critique on Mr. Abernethy's Oration,) and in which Mr. Hunter was so ignorantly traduced, was written by Dr. Gordon. This must be an error of Dr. Spurzheim's, arising, we presume, from a want of acquaintance with our language, and particularly our academical language. In most parts of the continent, a College, which, with us, usually implies an university, is a term applied to a school, and a professor is a name given to every one who has acquired a Doctor's degree, inasmuch as he is presumed capable of teaching. This, or some other cause, must have led the German physician into the error of supposing it possible, because the Edinburgh Reviewers may have indulged their indolence or partiality to a juvenile prattler, that therefore, the author of such a paper should find an audience in a metropolis, and in the seat of an university, or that he should venture to teach anatomy, surgery, and the institutes of medicine. We have already expressed our wish that some little knowledge should be required of teachers in London; but, though the obstetric teacher to whom we refer evinces his ignorance of the anatomy of an organ, and its appendages, the knowledge of which should precede all scientific inductions, yet, compared with the anonymous writer who ventured to attack Hunter and Abernethy, he may at least lay claim to comparative modesty.

Our readers being, we presume, almost all medical, must be aware of the impossibility of our entering into the controversy, either as a matter of dissection, of physiology, or of philosophy in general. Of dissection, because no persons but practical anatomists can retain the figure of the various parts of the brain in their mind; and when the two parties describe colour and configuration differently, we shall not be expected to decide between

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them. We may, however, take the liberty to remark, that the Edinburgh Reviewer is well known to be a lawyer; and the person employed in, or permitted, to review an article on this delicate organ, tells us he is a boy. In the Quarterly Review we are informed that this article was left for the criticism of a Clergyman. In this manner the two reviews, which claim the highest rank by the partisans on both sides, are conducted. The Edinburgh Review has always disgraced itself whenever it has undertaken a medical article, and, to do justice to the conductor, it must be admitted that he became at last so much ashamed of his medical reviewers, as to refuse any more articles of that kind, till, in an evil hour, he permitted this youth to sport with such names as Hunter, Abernethy, Gall, and Spurzheim.

The Quarterly Reviewers have shewn much more decency in their medical articles. But there seems in them a most unaccountable notion that opinions the most venerable, and which their best friends will be careful not to encumber with unnecessary dogmas, stand in perpetual need of their support. We shall not, however, enlarge on a subject foreign to our profession, but conclude with an extract which contains quotations from both those works, so ample as to justify us in placing the whole before our readers, though extracted from only one of the parties.

"The Quarterly Reviewer, however, thought proper to tell its readers, 'Of course, one instance is very properly considered just as satisfactory an evidence that the conclusion is conformable to fact, as a hundred would be,' No. 25, p. 169. 'Even admitting this system of Drs. Gall and Spurzheim to be ever so plausible as an hypothesis, it cannot possibly derive any sort of evidence from experience. For the same reason, it is equally impossible to contradict it from experience,' p. 171. 'Even allowing, that the arguments of Drs. Gall and Spurzheim, instead of being *sheer nonsense*, had been ever so ingenious and acute, still they could not throw the slightest probability upon the doctrine which they wish to establish, because that doctrine is *matter of fact*, and matter of fact never can be proved by reasoning *à priori*. Whether every protuberance upon the head be or be not the sign of some particular character of the mind, is clearly a question *of fact*; let it, therefore, be proved to be a fact, as all other facts are proved: in such a case, the explanation which Drs. Gall and Spurzheim propose, would at least have a fair claim to be heard,' p. 177. This, as Dr. Sp. observes, is another clear specimen that reviewers can criticise books without reading them! [It is most probable, the clerical gentleman, deceived by the boldness of his brother Edinburghers, supposed that all the manifestations exhibited in man and in other animals, were fabulous, and that the whole doctrine was supported by reasoning *à priori*.] From p. 262 to 271 in my book, our proceeding is quite differently described. I will copy only one sentence, p. 264. 'It is known that, in general, physical truths improve in proportion as observations are repeated. We continue,

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therefore, to multiply our observations, and as, in respect to several organs, the number of *these observations is immense, we consider the respective organs as established.* With regard to them, we must insist on our opinion, so long as from experience we are not convinced of the contrary. Several organs, however, are still only probable, and others merely conjectural, requiring a greater number of observations, in order to be determined with the same degree of certainty as those which are supported by the most satisfactory proofs.'

"The Edinburgh Reviewer, with respect to our proceeding, made 'some effort, and briefly observed, that not one of our assertions is true, and that not one step of our reasoning is correct,' p. 252. 'Can it be possible,' asks the philosopher, 'that the great Drs. Gall and Spurzheim have not observed, in the course of their multifarious inquiries into nature, that phenomena may coincide, without being related to each other as cause and effect? Were it established that all great mathematicians had black eyes, and all poets blue ones, would any sensible man, from this alone, think of ascribing the mathematical talent, in the one case, or the poetical genius in the other, to the colour of the iris?' p. 247.

"Had this learned Reviewer also studied Chap. I. of Part III. of my book, he would have seen, that we are aware of the difference between coincidence and the relation of cause and effect to each other, and never lose sight of it; that we prove our assertions in the same way as any physical truth. If, however, an observer could shew, that only mathematicians have black eyes, and only poets blue ones; that every one who has black eyes, and no one but those, have mathematical talents, or that every one with blue eyes, and only those, are born poets; if he could repeat his observations in various countries; if he could compare the same talents through a series of animals, without finding an exception; if he could support his observations by other means which I have detailed in my book, he might establish a physiognomical sign, and challenge his opponents to shew the contrary. So we do. If, for instance, we speak of a sign of self-esteem, let us see that a man, the most prominent feature of whose character is composed of self-conceit, does not exhibit the sign on his head, and we give up all our observations with respect to this peculiar organ. In the same manner, and by no other means, each organ is to be refuted by one single exception well ascertained.

"It cannot be useless to call the attention of the reader to that method which the literary gospel of Edinburgh, No. 48, Art. x. p. 448, recommends as follows: 'Sir Everard Home's Essay not only possesses a proper method of investigation, but sets an example of it, and is entirely free from the nonsense which is so commonly and so copiously put forth in writings upon similar subjects.' Which is then the proper method of investigating the functions of the brain? This the reader does not learn from the Review, but he may learn it from the original paper, inserted in the Philosophical Transactions for the year 1814, part 2. Sir Everard

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Home there tells us, 'The various attempts which have been made to procure accurate information respecting the functions that belong to individual portions of the human brain, having been attended with very little success, it has occurred to me, that were anatomical surgeons to collect in one view all the appearances they had met with in cases of injury to that organ, and the effects that such injuries produced upon its functions, a body of evidence might be formed that would materially advance this highly important investigation.' He then informs us, that he has brought together certain observations, 'stating them as so many experiments upon the brain, with the conclusions which tend to elucidate this particular injury.'"

In doing this, Dr. S. very justly observes, that Sir Everard has shewn the effects of injuries to the brain without attempting to elicit any physiological inductions.

"Sir Everard Home (continues Dr. S.) speaks in a manner as if no one before him had made similar observations. His kind Reviewer, however, shews, by his numerous quotations, that Sir Everard is mistaken. Indeed, every one who is but half acquainted with the history of the healthy and diseased state of the brain, knows, that many authors have related similar facts. Nay, we learn from them also, that similar injuries of the brain have often been observed without any perceptible derangement of the mind, or any apparent disease of automatic life.

"Hence this mode of proceeding is quite unfit for discovering the functions of the brain, and any hope from such a source is in vain. I support my opinion by the fruitless attempt of a great number of authors, and by the unsuccessfulness of Sir Everard Home himself. It is true, he speaks of a body of evidence which might be formed, and of conclusions which tend to elucidate this particular inquiry, but he has not drawn even one inference. In the various pathological affections of the brain, he has observed head-ach, giddiness, faintness, loss of memory, want of sleep, delirium, mania, depression of spirits, melancholy, apoplexy, idiotism, hissing noise in the ears, deafness, blindness, loss of speech, irregular pulse, stupor, the mouth drawn to one side, numbness of the arms and legs, spasms in the lower extremities, stumbling in walking, pain between the shoulders, nausea, retching, slow action of purgative medicines, vomiting, convulsions, &c. Is Sir Everard Home, inclined to draw the inference, that the brain is the organ of these symptoms, or of the states which are opposite to them? This is, I think, sufficient to shew an intelligent reader, that in this way we never shall be able to determine the peculiar functions of the cerebral parts;—that the Edinburgh Review, for praising such a paper, deserves no more credit with respect to the physiology than to the anatomy of the brain, and that these critics, as they believe in the existence of cases which are in contradiction to nature and reasoning, have still a great deal to learn before they can become competent judges.

"Section

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"Section V.—As to the individual organs of the manifestations of the mind, the same Review states only, 'To enter on a particular refutation of them, would be to insult the understandings of our readers. Indeed, we will flatter the authors so far as to say, that their observations are of a nature to set criticism entirely at defiance. They are a collection of mere absurdities, without truth, connexion, or consistency; an incoherent rhapsody, which nothing could have induced any man to have presented to the public, under a pretence of instructing them, but absolute insanity, gross ignorance, and the most matchless assurance.'

"Such arms, however, will not repel stubborn facts. Our antagonists, it seems, find it more easy to blame than to study, or to deny than to observe. They have not even considered the meaning of the expressions by which we designate the various powers of the mind. The Quarterly Review, for instance, states that the name *Inhabitiveness*, which I give to the instinct of animals, to live in water or on dry land, in higher or lower regions, and so on; to that instinct which determines a young duck, as soon as it is hatched, to run towards the water, and the ptarmaghan to dwell at the tops of the mountains, &c. means 'a love of dwelling in elevated situations.' He explains *Secretiveness* by the love of stealing. The natural history of the two species of rats, the black and the brown, he found very ridiculous; and he thought to exclaim, 'Credat Judæus Appella!' would be sufficient to change the cerebral organization of these two species of rats. I, however, must continue to say, that the difference of the brains of both species is easily distinguished. My auditors will recollect to have seen it. Thus, I repeat, to incontestable facts alone I shall pay further attention.

"The only reasonable difficulty started against the possibility of distinguishing the organs at the lower part of the forehead, and behind the orbits, originates from the frontal sinus, and from the circumstance that the brain, situate behind the orbits, and between both hemispheres, does not reach the surface of the skull. As, however, I have stated this difficulty, and given our explanation, the Reviewer ought to have copied our answer, instead of saying, 'How could these gentlemen think so poorly of the eye-sight of their readers, as to imagine, that, by the aid of their beautiful engravings, they could fail to discover, that some of the prominences in the skull which they describe, are said to be caused by elevations and portions of the brain, which are not even in contact with the skull of these parts?' p. 253.

"I always show to my auditors the difference between the external bony crest, often erroneously called frontal sinus, and the elevation, which we consider as a greater development of the organ of locality. They will also recollect my demonstrating, that children, and young and adult persons, have no holes between the two tables of the skull at the forehead; and that the real frontal sinus occur only in old persons, or after chronic insanity, in general, when the brain is diminished in size. I will copy only one passage from

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from my book, in opposition to that of the Edinburgh Review. 'The cerebral parts, situated behind the orbits, require some exercise on the part of the physiognomist, in order to be exactly determined. Their development is discoverable from the position and configuration of the eyes, and from the circumference of the orbits. It is, therefore, necessary to examine, whether the eye-ball is prominent or hidden in the orbit, or whether it is placed inward or outward. According to the position of the eye-ball we may judge whether the part of the brain which is situate against a corresponding part of the orbit, is more or less developed.

"It may be questioned, whether all organs reach the surface, so as to enable us to determine the organs of all faculties of the mind by the size and shape of the head? There are, indeed, many convolutions in the middle line of the brain between the two hemispheres; and there are also some others at the basis of the brain, and between the anterior and middle lobes, which, therefore, do not reach the surface of the skull; but it seems to me that a great part at least of every organ lies at the surface, and that, if one part of any organ be well developed, the whole participates of this development. The whole cerebellum does not touch the skull, yet it is possible to determine the size of the cerebellum, according to that part of it which reaches the surface. Accordingly, the cerebral parts, which are, as above noticed, situate in the middle line between the two hemispheres, seem to be proportionate to the superincumbent organs; at least I have always observed a proportion in the vertical direction, between these cerebral parts. In this way, it appears to be possible to determine all the organs, though the whole of their fibres do not terminate at the surface.' P. 237, 238.

"There remains still an idea to be corrected. In pointing out the functions of the cerebral parts, and in ascertaining that the size of the organs has some influence on the innate dispositions of the mind, we establish, in a certain degree, a physiognomical doctrine. This has been most erroneously represented by the conscientious reviewer, in saying, p. 250, 'The practical part of their doctrines, as it may be called, the physiognomy, craniology, or cranioscopy, the part which teaches us how to find out, by the shape of the head, whether a man loves his children or kills them; whether he steals or is very benevolent!'—We, however, continually maintain, that we never can speak of the actions of man; and, after having mentioned the title, Physiognomical System, I begin the introduction of my book, 'This system is commonly considered as one according to which it is possible to discover the particular actions of individuals: it is treated as an art of prognostication. Such, however, is not the aim of our inquiries; we never treat of determinate actions; we consider only the faculties man is endowed with, the organic parts by means of which these faculties are manifested, and the general indications which they present.'

"Thus, the more the reader will compare our works, and the reports

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reports given by our antagonists, and their and our opinions with nature, the more he will be enabled to decide of whom it may be said, 'Were they even to succeed in shaking off the suspicion of *mala fides*, which we apprehend is inseparably attached to their character, we should not hesitate to say, that we do not know any writers, who, with a conceit so truly ludicrous, and so impudent a contempt for the opinions and labours of others, are so utterly destitute of every qualification necessary for the conduct of a philosophical investigation.'—*Edinburgh Review*, No. 49, p. 228. [Well said, boy.]

"Chapter III.—*Philosophy.*—This chapter may be very short, since in this department our British antagonists confine themselves to general considerations. The logical study of the author in the Quarterly Review, No. 25, p. 165, is the most simple: he admits in the mind only one understanding, and in that one he seems defective. 'There is, (says he) no more solid reason for dividing understanding into faculties, than for dividing heat or light into faculties.' This comparison, however, of understanding with heat and light, is not very apt for simplicity, since neither has been proved to be a single substance. Besides, as one single understanding does not explain the phenomena of the mind, and as all other logicians found it necessary to adopt several powers, I leave him to make the best use of his one faculty, and proceed to other propositions.

"The Edinburgh Review, as to the faculties which we adopt in the human mind, says, p. 243, 'The ratiocination of Drs. Gall and Spurzheim is of the most difficult species to combat. Perhaps we might content ourselves with saying, that the whole doctrine of the thirty-three faculties to which the argument relates, is downright nonsense, and so put an end to the discussion at once;—but we shall take the liberty of substituting for the names of the thirty-three faculties, two very simple and intelligible terms, viz. *intellect* and *inclination*.'

"The reasoning, or rather dogmatic decision of a Reviewer, certainly will not repel stubborn facts. I, however, should like to know, why the conscientious Philosopher adopts intellect *and* inclination. May I suppose that he does so, because one or the other alone does not explain the phenomena of the mind? Indeed, there may be strong inclination without intellect. But is inclination always the same? Is, for instance, the inclination of the hen towards the young duck, hatched by her, the same with the inclination of the young duck towards the water? Is the inclination to calumny or respect, to concealment or candour, one and the same? In the same way, is intellect only one? In a boy who can repeat by heart whole pages after having read them once or twice, but cannot compare or distinguish two separate ideas, is the intellect the same as in another who judges with precision of various ideas, but cannot recollect by heart one page?"

"One of our ideas, viz. the introduction of consciousness, sometimes

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sometimes active and sometimes passive, in the five senses, puzzled the Edinburgh Reviewer (p. 241) a good deal. The difference, however, seems to have been observed at all times, since, in all languages, there are two sorts of signs to express it. In the English we say, I see (passive) and I look at (active); I hear (passive) and I listen (active); I feel (passive) and I touch (active), &c. In other words, consciousness is sometimes involuntary, sometimes voluntary.

"These, and other considerations, are too complex for the simple philosophy of the Reviewers. As our opinions are not attacked in the particulars, there is no occasion for my giving here a more detailed explanation. Those who are desirous of knowing our philosophical propositions, will find them in my work on Physiognomy. I have only to add, that, if the conscientious Reviewer has found in himself only intellect and inclination, I leave it to others to judge, whether they have found his intellect limited in judgment, and his inclination extensive in malevolence.

"*Conclusion.*—Considering the whole of the preceding statements, I may say, that I have done with those who arrogate the right of thinking and deciding for the rest of mankind; with those 'thorough partizans, who are thorough despisers of sincerity;' (*Edin. Review*, No. 53, p. 14); who will not allow the least credit to any one that has not their approbation; who anonymously calumniate and detract; who, in doing so, claim the merit of conscientiousness; who disguise, mistate, and misinterpret; who invent ridiculous monstrosities; who, in using the most vulgar language, speak of personal dignity and politeness; with beings who change assertions as it seems convenient; who do not understand the passages which they quote;—who, from different chapters, extract sentences, illustrating different propositions, and represent these their own fictions, as nonsensical and absurd conceptions of the author;—with such writers on the brain, who have nothing in view but minute mechanical differences of size and form, and shades of colour; who, however, cannot see brown substance in the pons Varolii;—who, as if there were not, from ancient times, absurd names enough, invent in the brain, cul-de-sacs, pits, grooves, mountains, wings, lobules, and so on;—who never consider the parts in connexion and relation, nay, create artificial separations;—who are attentive only to the mechanical appearances, and never think of the functions of the parts;—who believe, that a man can walk, and have voluntary motion of his legs, without spinal cord, can philosophize without brain;—who can assert, that physiological inquiries of the brain are of no use to the medical profession; who consider one brain and its parts as the standard of all other brains; who admit, that the brains of *men* have their full growth at seven years of age, and do not undergo any change afterwards; and with such historians, who affirm from erudite research, and as the result of many experiments, made under a variety of circumstances, that there is no foundation whatever for the supposition, that

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that the convolutions consist of two layers;—who maintain, that numerous unequivocal instances are on record, and are even occurring every day, in which large portions of the brain, nay, almost the whole, if not actually the whole of this organ, has been completely destroyed by the progress of hydrocephalus;—who hold this to be a fact just as certain as that there are many persons now alive whose legs have been removed by the knife of the surgeon;—and who at another time prove, that we are not the first who maintain that the brain exists in hydrocephalic heads, and that Reil could separate the convolutions in the middle line, after we had shewn to him that structure four years before;—who denies the possibility of demonstrating the two sets of fibres (diverging and converging);—who does not mention the two layers of the convolutions;—and who afterwards, as pamphleteer, asserts, that long ago these things were known,—that especially we have defrauded Reil, who published four years after we had shown him our anatomical discoveries, after we had demonstrated them in different countries, in the universities of Germany, Denmark, Holland, and in Paris, and after the publication of numerous extracts by our pupils;—who tells his readers, that his pamphlet owes its origin only to his strong anxiety for the progress of medical knowledge, and deep concern for the reputation of a medical school which was indebted to anatomy for its first celebrity throughout Europe, but who makes morbid dissections, even in very rare cases, in the manner I have witnessed and described above;—who in that very pamphlet accuses all anatomists, and almost all medical professors and teachers of Edinburgh, and every one of my auditors, as unfit to distinguish brown and white substance;—who, in his 'painful' compilation, forgets the Monros, who deserve to be mentioned as well as Malpighi and Mayer; a neglect the less excusable, as Monro was one of the chief founders of the celebrity of the medical school of Edinburgh."

*** As Dr. Spurzheim is now lecturing among us, we shall revert to this subject under the division of "Intelligence."

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS.

Practical Illustrations of Typhus, and other Febrile Diseases. By JOHN ARMSTRONG, M.D. Longman, 1816. pp. 305.

NOSOLOGY and nomenclature, falsely conceived and erroneously applied, have proved very considerable obstacles to the progress of medical philosophy. We are taught, in some schools, and in some systems of medicine, to regard a denomination as the predicate of an order of disease, which has its several genera and species marked out

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in nature and practice with the precision that is observed in the arrangements of inanimate matter.

Other particulars, connected with the direction of medical studies, have had a share in impeding the advancement of medical science. One of these is the solicitude shewn by many authors and teachers to simplify the causes of disease to an extent beyond the warranty of actual observation. A series of morbid phenomena, for example, is not only supposed to justify a distinct generic appellation, but invariably to depend upon, or to be connected necessarily with, precisely the same internal state; and hence the almost innumerable controversies and disputes about proximate causes. Fever, says one pathologist, is a spasm on the extreme vessels; by another its essence is considered to be a disordered action in the vascular system of the brain. It is an inflammation of the abdominal viscera, says a third; it is not inflammation at all, but debility, replies a fourth. Like the disputants on the chamelion's colour, these several sentiments respecting what fever is, and what it is not, are all right, and all wrong.

Our readers must have remarked the frequency with which we have objected to such terms, and to such attempts at simplifying fevers. The attention we paid very early to Dr. Jackson, and very lately to Dr. Dickson, and some other writers, will readily lead them to believe that we have not been a little pleased to find the subject taken up by one who submits to use the old language, but shows, by experience, the fallacy of opinions attached to such terms.

"It is my intention, (says Dr. Armstrong,) in treating of fevers, to adhere, as closely as the nature of the subject will admit, to the consideration of their phenomena and effects; and to endeavour from these, together with the known powers of remedial agents, finally to deduce some special principles of treatment capable of considerable extension.

"The term fever (he continues) has been used in a very comprehensive as well as in a very limited sense; one set of authors having arranged under it almost every disease attended with increased excitement; and another restricted it to those febrile disorders which have been supposed to be independant of all local affection, and on this account called idiopathic. But, as the disorder of the constitution designated Fever seems always the result or the symptom of some antecedent change or changes in the system, howsoever induced, the most extended signification will be preferred in the following pages. Pyrexiæ shall, therefore, be considered as a class in which three orders are comprehended, namely, fevers proceeding from specific contagions, from marsh and similar miasmata, and from topical affections. The first-mentioned order manifestly admits of a subordinate division, since some of its

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species only affect the same individual once, while he may be affected with the others repeatedly: but still they all have this in common, that they proceed from, and propagate themselves by, specific contagions. The second order is distinguishable as arising from marsh and similar miasmata; and certainly its species do not *necessarily* possess the power of disseminating themselves by any inherent quality, although they may assume various characters and types. The third order comprehends the topical affections accompanied by fever, and obviously differs from the other two in some points, but chiefly in this, that in it the fever can be traced as the mere effect of the local disturbance; whereas, in the two former, the fever cannot be traced, in the first instance, to any single derangement, but rather seems the product of many morbid actions existing at the same time."

Some of our readers may be disposed to think, that the above extract does not justify the observations we have made on the practical nature of Dr. Armstrong's treatise, since a theory of causation seems to be involved in the very onset of his division of fevers into kinds and species. It will be found, however, that these hypothetical (and, most certainly, disputable divisions) do not influence our author's pathological notions; and that, when he comes to treat of the actual constituents of a certain diseased state, he is not cramped in his ideas of the essentials of such disease by any nosological pre-conceptions. Indeed Dr. Armstrong afterwards criticises his own classification, and owns, that while the doctrine of contagion still remains debatable, "it might, perhaps, on the whole, have been quite as satisfactory to have been directed in the classification of fevers, rather by their phenomena than by their known or supposed origin." We may add, that this *certainly* would have been the preferable mode of designation.

The phenomena of the several disordered conditions to which the term typhus is applied, our author conceives capable of three divisions. The first is *simple* typhus, the second *inflammatory*, and the third *congestive*. That there are irregular determinations of blood even in the first kind cannot but be admitted; but these do not amount to actual inflammations, nor even to those partial and local accumulations of blood in different organs and viscera which are necessary to the constitution of the congestive form of the disease. Dr. Armstrong begins with a very accurate description of the simple typhus. This is too long for transcription; and, as it is merely a faithful history of such symptoms as every one will observe for himself who has an opportunity of witnessing fever, we think the historical detail less necessary here to enter into. His account of the

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inflammatory typhus is ushered in by the following observations:

"In pleurisy, and similar disorders, the seat of the disease is always local, its effects general, and its nature inflammatory; but some ingenious authors, with Plouequet and Clutterbuck at their head, seem to me to have proceeded too far in asserting the same thing of what are called idiopathic fevers. As an example in point, typhus undoubtedly sometimes begins and terminates without topical inflammation; and, as inflammation may occur in one or more parts, without ever producing an infectious distemper, with the true characteristics of typhus, it is evident that inflammation is not its inseparable and essential constituent. When, therefore, this peculiar disease and inflammation are combined together, it appears only reasonable to conclude, that the latter may have been produced by cold, or any other common cause of fever operating with the contagion; or that it may have arisen as an effect of the excitement of the heart and arteries, favoured by some predisposition to inflammation in the part affected; as an inflammatory affection of the chest often arises in the measles, though each may exist independent of the other. Some authors have contended, that the inflammation which accompanies the complicated forms of typhus occurs with the fever, or even precedes it; and others, that it merely follows as a consequence of the general excitement. According to my observations, the local inflammation occasionally commences as soon as the fever itself, but generally arises during the stage of excitement; and hence, perhaps, it may be fairly inferred, that, for the most part, it stands in relation of effect, rather than a cause of the fever. If we reflect that more or less visceral congestion attends the first stage, it will not seem improbable that, by a preternatural distension of the vessels, it may have a morbid tendency in some organ or other which may pass into inflammation by the excitement of the second stage. It usually happens, in mere symptomatic fevers, that the inflammation is limited to one part in particular; but this does not so generally obtain in typhus, for the one organ may exhibit by far the strongest evidences of inflammation, some other part will often be affected in a less degree; which surely favours the notion, that the topical disorders are commonly the products of the general excitement."

Simple, clear, and satisfactory as the above pathology must, one should think, appear to every unprejudiced reasoner and faithful observer, the propriety of viewing the accompanying inflammation in fever in any other light than as a cause of such state, has, we know, been not merely questioned, but pertinaciously denied; while others have again derided the notion of primary inflammation, or even of inflammation at all in any case of genuine fever; and it is this, with other reasons, for which we so much admire the writings of Dr. Armstrong, that he has preferred looking at nature,

nature, naked as she is, to *denaturalizing* of facts by hypothetical coverings.

For the same reason that we declined entering into the author's detail of simple typhus, we must forego our desire to follow him through his very accurate statement of the several appearances which are assumed in fever, as different parts and organs become more or less inflamed; suffice it to say, that the young practitioner who shall peruse the treatise may rest satisfied with the fidelity of the history, as far as any history can be faithful of what is ever varying, and, indeed, never in two cases, in all points, actually similar.

The congestive typhus, Dr. Armstrong thinks, is that condition of fever which has received the least attention by medical recorders, "although some allusions to congestive disease may be found in the antient records of physic, especially in those of Hippocrates, who, under the terms *lipyria* and *epiala*, has often glanced at some peculiar forms of fever, in which there seems to have been internal accumulations, without the regular and universal re-action, which designates the *causus* or burning fever."

Now, although we think that our author has been rather too strict in his division of these different forms of typhus, as they may all exist in a combined state in one individual, and may, moreover, pass from one to another without any regularity, yet we, at the same time, conceive the distinction between congestion, inflammation, and regular re-action, to be of great practical moment. It is of the highest importance to recollect, that "the stage of excitement, without the interference of art, often never emerges at all, or only does so very imperfectly; the energies of the system either being nearly extinguished by the visceral congestions, or so much oppressed, as to be unable to create an universal re-action."

"The open forms of fever, (Dr. A. continues,) in which heat and arterial re-action are equally developed, will be found the least dangerous; and those of an obscure nature, in which neither heat nor arterial re-action are equally developed, the most perilous and unmanageable. In congestive cases, the local accumulations obstruct, from the beginning, the common seales of febrile phenomena, and there is, in consequence, either a total want of morbid heat, or concentration of it, from partial re-actions, in some particular parts of the body, whilst others are considerably beneath the natural temperature. It is the entire absence or the partial presence of excitement, which constitutes the chief external difference between the severest forms of the congestive typhus, as they all coincide in suppressing the functions, or in deranging the structure of some important organ, by an almost stagnant accumulation of blood in some part of the venous system."

Dr.

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Dr. Armstrong states, that Dr. Robert Jackson has the merit of having surpassed his predecessors in explaining the nature of the congestive form of fever; and we have often felt regret that this author has expressed himself in figurative language. Hence doctrines have been ridiculed, as obscure and absurd, which, expressed with a little of Currie's simplicity, or of Armstrong's clearness, might have commanded admiration from the same pens that have been employed sometimes in gross and unmanly censure.

Dr. Armstrong conceives that there is a close analogy between the plague and typhus; and he thinks that those writers and practitioners have been much *at fault* who have indiscriminately regarded and treated the former as a disease of debility. He copies, from the Edinburgh Medical Journal, Sir Brooke Faulkener's description of the three species of plague, and expresses his opinion of their general coincidence in type with the congestive, inflammatory, and the simple typhus.

"Passing from the symptoms, we shall find, (says Dr. A.) that the internal lesions, which the plague produces, also tend to confirm us in the opinion, that it is inflammatory or congestive in its worst forms. Procopius informs us, that, on opening the bodies of those who died of the plague, which raged in the reign of Justinian, a great carbuncle was found within; which language implies, that the patients had died of inflammation in some of the viscera. In those who perished at Marseilles, within the first two days of the attack, the French physicians discovered, by dissection, that some of the viscera were in a state of mortification; and Dr. Mead, in tracing a parallel betwixt the small-pox and the plague, attempts to prove, by positive evidence, that death in both is usually caused by mortifications of those parts. Larrey declares that he has opened the bodies of many persons who died of the plague, and generally found the same appearances: namely, the omentum, stomach, and intestines, gangrenous in some places; the liver in a state of congestion; the gall bladder filled with black fetid bile, and the pericardium with a bloody fluid."

The next section of our author is on the treatment of the simple form of typhus, in the very early stages of which he recommends emetics and purgatives. Respecting the former he says, that,

"In the beginning of almost all febrile complaints, of a simple character, emetics will be found very beneficial; though much neglected now-a-days by many practitioners, probably on account of the universal introduction of purgatives."

And, in reference to the latter, he remarks,

"The system is more torpid than natural in the state of oppression, and of this torpor the bowels largely participate, so that purgatives

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purgatives ought to be given in such doses as to insure their full operation. Nor need any risk be apprehended from three, four, or even more, copious motions during the day; for, instead of weakening the patient, they will renovate his powers, lighten the system of the load which weighs it down, and contribute to restore the circulation to its healthy equilibrium. Sometimes I have known, at this early period, an emetic and a brisk purgative cut short the fever at once; and where this desirable effect has not been produced, they have hardly ever failed to shorten its duration, and lessen its danger."

The warm bath is recommended in this first stage of typhus; "and there may be cases, in very old or debilitated habits, where, in conjunction with mild emetics, purgatives, and the warm bath, small portions of weak wine may be requisite before the second stage takes place; but, in general, diffusible stimulants are quite inadmissable at this period, because they forcibly tend to make the consequent excitement of the second stage much more violent than it otherwise would have been, and might, in that manner, convert a simple into an inflammatory typhus."

When the stage of excitement has come on, to which the first attention of the physician is most usually called, cold affusion is recommended by Dr. Armstrong; but he thinks discredit has been brought upon this practice by the heat of the surface merely having been made an indication of the propriety of its adoption, while the patient is, at the same time, complaining of internal chilliness. Our author thinks, and we deem the supposition well founded, that Dr. Currie has rather simplified too much in his notions of aqueous affusion, by imagining its virtues ascribable to the reduction of temperature, and influence upon the nervous system merely. He suspects, with Dr. Jackson, "that, whatever may be its immediate operation, the permanently good effects of affusion are to be attributed to the changes which it induces in the circulation." He further intimates that Dr. Currie has overlooked some forms of fever in which cold water is either wholly inapplicable or of limited utility. Purgatives are recommended during the stage of excitements; and we were pleased to see, in this part, some strictures introduced on the mechanical notions, if we may so name them, of Dr. Hamilton, in inferring the utility of purgative medicines too much to their merely evacuating the load of matter from the intestines, and disregarding their still more salutary effect of "restoring healthy *secretion*, and removing irregular distributions of blood from the head, liver, and other vital parts." The diet, Dr. A. tells us, should be exceedingly light through the whole stage of excitement, and "milk mixed with two parts of water and a little

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a little arrow root, milk whey, barley water, thin gruel, or the like, will answer every purpose of sustaining the powers of the system without exciting the circulation." The vulgar objection to milk in fever, he deems ill-founded.

In the state of collapse, little, our author tells us, will, for the most part, be needed, as the powers of nature will generally be adequate to the recovery, assisted by light nutriment. He cautions against the indiscriminate use of evacuants at this time, and asserts that several cases have come to his knowledge in which patients, thus far advanced in typhus, have sunk very rapidly from the repeated operation of a strong cathartic. When it is necessary to unload the bowels, cordials must be moderately used at the same time, to obviate the exhausting tendency of the purgatives.

We shall conclude this abstract of Dr. Armstrong's directions respecting the treatment of "simple typhus," with the following quotation:

"Having expressed myself strongly against the exhibition of wine in the first and second stages, candour requires me to confess that I have often seen it useful in the last, as, indeed, has already been hinted, in speaking of cerebral oppression from loaded bowels, and of apparent diarrhœa, attended with a state of real debility. But, on the first approaches of the stage of collapse, wine should be sparingly administered, and its effects carefully noticed. If it diminish the irritation, and render the skin universally moist and warm, the tongue softer as well as cleaner, the breathing slower, and the pulse less frequent, and fuller than before, the propriety of proceeding in its use is strongly indicated. Whereas, if the irritation become greater, the skin hotter, the tongue drier, the breathing quicker, and the pulse smaller, and more rapid, its further employment is most certainly contra-indicated; though it should not always be abandoned on the first, but sometimes have the chance of a second trial, after the expiration of a few hours."

In our opinion, it is only required to relieve any immediate symptom, and then only in small doses.

"Treatment of the Inflammatory Typhus."

We believe, with Dr. Armstrong, that the fears of debility in febrile states have operated very injuriously towards preventing the free use of the lancet in states of inflammation accompanying genuine fever; nevertheless, it is of moment to determine between the mere sympathetic fever excited by visceral or local inflammation, and that in which the inflammation is only an attendant symptom,—otherwise we may be overtaken with actual and irrecoverable debility. Dr. A. is, in our minds, rather too free in his recommendation of vigorous depletion in inflammatory affections of the viscera accompanying

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accompanying fever; for, though "the change which a temporary suspension of animation produces is often strikingly beneficial in phlogistic diseases," and though it may be often very proper to induce this syncope in fever, we question whether it be safe to put such rules into the hands of young practitioners, who are almost invariably disposed to carry principles to an extreme. We must, however, do Dr. A. the justice of stating, that he afterwards qualifies his positions in reference to blood-letting by the following admissions. "In fact, I am no advocate for large and repeated abstractions of blood in the inflammatory typhus, but rather trust to one or two well-timed and moderate attempts by the lancet; and then (he adds) I place my chief reliance upon saturating the system with mercury." Bleeding, our author tells us, should be immediately followed by the use of purgative medicines; "and, if to the agency of these two means that of calomel as an alterative be added, we give a summary of what ought *always* to be attempted, not only in the inflammatory typhus, but in all the varieties of acute visceral inflammation." As far as our experience goes, we think the mercurial plan, namely, that of combining calomel with opium after evacuations, is more applicable and efficient in other forms of visceral inflammation than in those which are attendant upon typhus; but we should be disposed to give up a great deal to the experience and judgment of Dr. Armstrong. Our author terminates his observations on the management of inflammatory typhus by the following judicious cautions:

"Before concluding my remarks on the inflammatory typhus, I beg leave to warn the speculative and the inexperienced from rashly concluding that inflammation exists in every instance in which the head, chest, or belly, are seemingly affected, since opinions deduced with precipitation from a few leading symptoms, may often be extremely defective. Practising in a populous district, I have not unfrequently been called to typhus patients in a state of high delirium, with dry burning skin, parched tongue, flushed face, and red eyes, covered with a load of bed-clothes, confined in close heated bed chambers, and allowed the most improper beverage and diet. On freely ventilating the rooms, extinguishing the fires, removing the superfluous coverings, using the tepid affusions, and ordering purgatives and an antiphlogistic regimen, I have seen a most salutary change induced in a short time, which has been rendered permanent by a perseverance in these very simple means. Other patients, again, have come under my care, who have been treated, in the first instance, much in the same way as those just noticed, some of whom were troubled with a cough and oppression of the chest, and some whose bowels had

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been neglected, with much uneasiness and some tension of the belly; but, on prescribing a blister for the first mentioned, and a brisk purgative for the last, with the cooling regimen in both, all the disagreeable symptoms have given way, and recovery has speedily followed. None but those who have had opportunities of contrasting the cooling antiphlogistic treatment with the hot and stimulating, can duly appreciate the superiority of the former, or be fully aware what a pleasing amendment may be frequently produced in mismanaged typhus, by the abstraction of heat, noise, and diffusible stimuli, and the substitution of fresh cool air, sub-acid drinks, a spare diet, and remedies which move the bowels, and tend to take off general excitement and local determinations."

Previously to entering upon the treatment of the congestive typhus, Dr. Armstrong introduces some observations on the nature and management of some other inflammatory affections. Dysentery he regards as an inflammation of the villous coat of the intestines, attended by a congestive or inflammatory state of the liver, and a primary and continued affection of the cutaneous functions; and, in the treatment of this disorder, he recommends calomel and opium, with, in chronic cases, "a long perseverance in the sulphureous Harrowgate water." In erysipelas, he imagines the antiphlogistic regimen is often, in the first instance, too sparingly employed; and, in acute visceral inflammations, no time, he says, ought to be lost in having recourse to the lancet, but the young practitioner ought to be on his guard against the effects of those excessive depletions which "some authors coolly talk about." Fifty, or even more, ounces of blood are recommended by these authors to be taken at a time; but, says Dr. A., in the course of my experience, I have occasionally observed, that, where blood has been so very copiously drawn at one time, it either produced a state of collapse, from which the system never rose again, or was succeeded by indications of violent re-action of the heart and arteries, attended by much nervous irritation." Calomel and opium, after bleeding and purges, are, in these cases, highly recommended by Dr. Armstrong. In acute rheumatism, too, our author has found, by repeated trials, "that early and moderate venæsection, first succeeded by purgatives, and next by calomel, opium, and antimony, is far superior to every other plan." That the mercurial mode of treating rheumatic affections is often highly efficacious, no observer of the effects of medicine can ever question; but it does admit of a question, whether we may not, by a too liberal adoption of this plan in rheumatism, induce that state of the organization concerned in the production of this complaint, which renders the malady more easily excited afterwards

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afterwards by its several causes than would otherwise be the case. In ophthalmia, Dr. Armstrong thinks that depletion has been generally employed with too feeble a hand; and he imagines that those chronic inflammations of the eyes which have their seat in the tunica adnata are more frequently symptomatic of diseases of the brain than has been commonly supposed. Tic douloureux, too, Dr. Armstrong conceives, for the most part, to be a brainular disease.

"It is certain, (he says,) that persons afflicted with this complaint may live many years, and even sometimes have the appearance of good general health; but it will, I believe, be found that they most frequently die suddenly at last from oppression of the brain, which tends to strengthen the opinion here advanced as to the original seat of the disorder."

Treatment of Congestive Typhus.

The particular nicety of discrimination required in the management of congestive typhus, hinges upon the necessity of distinguishing between real and apparent debility, or, perhaps, more properly speaking, between smothered and exhausted strength. Dr. Armstrong very properly compares the condition of the system, under an attack of congestive typhus, to that of apoplexy, where depletions are called for, in order to remove the load under which the body is sinking; whereas, if the Brunonian notions of stimulating, founded on the idea of debility be acted up to before the congestions are removed, the patient sinks under the combined influence of disorder and treatment; an event, which our author imagines has not seldom happened, in consequence of the want of discrimination just referred to. Bloodletting, however, in this, as well as in the inflammatory form of typhus, requires to be had recourse to very early. Indeed, it is only in the first stage that general bleeding is admissible, "with a view of relieving the local congestion and restoring the natural balance of the circulation;" and more or less blood must be taken, according to the effects which the venesection produces. Subsequently to the bleeding, Dr. Armstrong recommends the use of the tepid bath, when it can be conveniently procured, and he intimates, that the moderns are rather too neglectful of the importance of restoring the functions of the skin in fevers of the congestive kind by means of warm bathing. After bleeding and purging, our author resorts in these cases to his favourite calomel course. He states, that the power which this medicine has in equalizing the circulation is no-where more conspicuously displayed than in diseases of a congestive character: "for a long time (he says), I overlooked

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one of the principal effects of calomel in congestive fevers, till at last it was forced upon me by patients almost invariably recovering with rapidity when ptyalism was excited." Blisters laid upon the region of the stomach or liver, Dr. Armstrong likewise recommends in congestive typhus, and "in the worst cases, the moderate exhibition of diffusible stimulants is sometimes really necessary, not only to support the vis-vitæ immediately under depletion, but also to contribute, after its employment, to rouse the heart and arteries, that the natural balance of the circulation may be finally restored." We think the following observations on the use of such stimulants highly judicious and important.

"It will sometimes be requisite to administer cordials, either during or after the evacuations, in order to maintain the strength and equalize the circulation. Yet the precautions which have been so frequently repeated concerning them must not be forgotten here; for they ought never to be considered as an essential remedy in fever, but simply as a mean to obviate some of its consequences, to give a temporary tone to the heart and arteries, or to counteract the debilitating effects of necessary evacuations. Among the preparations in our pharmacopœias, one of the best diffusible stimulants is carbonate of ammonia, which may frequently be prescribed with advantage in congestive fevers, when depletion has been premised; its excitement is neither excessive nor long continued, and if given in moderate and repeated doses, it has considerable influence in determining to the surface."

Dr. Armstrong cautions against the continuance of depletory measures in congestive fever, when the state of positive debility has commenced, even should this be so early as the second day of the disease.

"Sometimes the blood becomes black and dissolved in the most malignant cases of congestive typhus, very early in the disorder, so that when it is drawn it never coagulates, but continues a fluid gore in the vessel. Any approaches (says Dr. A.) to this state of the blood, such as inky petechiæ or dark oozings from the mouth and nostrils, with a weak, quick, thready pulse, always proves that the stage of collapse is at hand, and should make the professional attendant pause before he advances a step forward in the treatment. Depletion is then entirely out of the question, and the judicious use of diffusible stimuli, calomel and opium, together with blisters, and a free ventilation, are the only means to which he can prudently resort at such an eventful crisis."

We find no mention of the Peruvian bark and the acids, which we, however, should prefer in this state of things to the mercurial treatment recommended by Dr. Armstrong. Several observations are introduced in this part of the treatise, on the nature and management of other congestive diseases,

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eases, but our limits oblige us here to take leave of our author.

On the character and general merits of the work, nothing need be added to what we have already advanced; the style in which it is written may be regarded as a model for medical dissertations; and, where the opinions expressed are at variance with others, we do not find any thing illiberal or offensive in the mode in which they are advocated. Dr. Armstrong is always decided, but never dogmatic—"O! si sic omnia."

A Treatise on Tetanus, illustrated by a Number of Cases. By JOHN MORRISON, M.D. Small 8vo. Newry: printed for Longman and Co. London. Pp. 122.

WE have frequently felt a wish for some systematic treatise on Tetanus. The cases hitherto given have been scattered in various publications; and few of them taken with the premeditated intention of examining the disease in all its various forms. In this number we shall take the opportunity of introducing another valuable article on the same subject, by which it will appear, that the disease is less frequent than formerly in the West-India islands, though in Demerara, the seat of Dr. M.'s practice, tetanic affections are not less common than in other tropical regions. It may not be amiss to give the author's account of the atmosphere of the place.

Demerara is on the coast of South America. "The land is low, flat, and marshy, abounding with swamps, and (with the exception of stripe along the coast and on the banks of the river, in the cultivation of sugar, coffee, and cotton,) is covered with trees of various dimensions, whose roots, for a great part of the year, lie bedded in water.

"The seasons are divided into the wet and dry. These succeed each other at uncertain intervals, and are of different durations in different years. Moist and rainy weather is by far the most usual; yet there are, now and then, weeks or months of almost intolerable drought.

"In 1804, the 'dry season' was so intense and long continued, that the woods immediately adjoining the cultivation took fire—communicated their flames to some of the cane fields, and a considerable part of the country continued in a blaze for several months.

"The thermometer, during the rainy season, is seldom below 76; or, in the dry, above 86. The diseases most prevalent are intermittents; fever, attended with an inordinate secretion of bile; hepatitis; enteritis; rheumatism; dysentery; and, among children, hydrocephalus is a very common complaint. The subject of this treatise is, in that part of the world, (compared with its occurrence

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currence in Great Britain,) frequently met with. At one time, I thought of offering to the medical world, through the medium of some periodical publication, all the cases of tetanus which had come under my notice, with, perhaps, some partial remarks: again, on considering that the disease cannot be said to have been treated of separately, I was led to suppose, that an Essay, containing the general history of the symptoms, prognosis, diagnosis, and mode of treatment, accompanied with a few remarkable cases, might be more acceptable, particularly to the younger part of the profession. I hope this attempt will occasion some others, capable of throwing more light on the subject, to appropriate a portion of their time to the consideration of a disease so little understood, yet so fatal in its consequences.

"My opinion, with respect to the cold affusion, is the part which I feel most diffidence in submitting to the public, as I know it differs from that entertained by many of the first physicians of the present day. I trust, however, it will be recollected, that experience, and experience alone, has impelled me to adopt it; and in this opinion I am strengthened by that of a medical friend, who resided for sixteen years in the same quarter, and, consequently, whose field for observation was even more extensive than my own."

In viewing the disease systematically, the author makes no other division than *idiopathic* and *symptomatic*, considering the former distinctions of former authors rather as degrees of severity than of distinct forms of disease.

Idiopathic tetanus, he remarks, is uncommon in temperate climates. It is certainly not only uncommon, but, when it does occur, is usually mild.

"The second species (says Dr. Morrison) is occasioned by wounds or bruises—such as are supposed to lacerate the nerves, small tendons, or ligaments. A partial division or lesion of a nerve, is thought to be attended with more danger than the complete separation of this substance; and I once met with an instance in practice, which favoured this supposition: a negro received a very slight cut in the instep, to which supervened symptoms of lock-jaw, which, however, gave way to some trifling treatment, after a transverse incision had been made a little above the original wound. This man came into the hospital with his injury, at a time when there was a person labouring under idiopathic tetanus in the same house, and whom he was frequently in the habit (from motives of curiosity or friendship) of seeing. I am led to this remark, as it has been mentioned somewhere, that one with a wound, looking at another in the disease, becomes very susceptible of it. The parts that first become affected are usually the jaws, neck, back, loins, and abdomen. The muscles of these parts are rigidly contracted, alternating with intervals of relaxation and ease; perhaps, of the involuntary muscles, the heart itself at length becomes affected.

"The attack of tetanus generally appears to be sudden, and without

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without any premonitory symptom. It is sometimes preceded by lassitude and uneasiness, want of sleep, faintings, and dimness of sight, and, I believe, in almost every instance, by costiveness: there is a peculiar dejection of countenance, from the very commencement of the attack—'a countenance more in sorrow than in anger,' getting, as the disease advances, strongly expressive of the most melancholy distress. This appearance can scarcely be occasioned by the present pain which the patient feels, nor can it arise from a dread of the return of the spasms, as I have frequently noticed this remarkable appearance of countenance, before the spasms could be said to have begun. So strikingly evident is this feature of the complaint, that a practitioner who has seen but a few cases of it, feels his attention more forcibly arrested by it, than by any other."

The remainder of the description contains the same account of the progress of the disease, as is to be met with in most writers.

"Its duration is, for the most part, in an inverse ratio to the suddenness of the attack, after the supposed cause. This observation, of course, holds good in both species of the complaint. Instances occur, where the symptoms set in very gradually, and the disease is protracted for several weeks. I have known a patient die in forty hours, and one case, where the disease was prolonged for twenty days, and, after all, prove fatal. In the generality of instances, however, where tetanus proves mortal, it carries off the patient before the tenth—often before the fifth day: the younger the subject, the more rapid the disease.

"Sometimes a relaxation of all the muscles takes place, eight or ten hours before death, so that the patient will appear to the attendants in a fair way of recovery.

"The interval between the cause and the appearance of the symptoms, when tetanus takes place as a primary disease, is, I believe, very short. In one of the cases annexed, I think it will appear that the disease set in, in less than twenty-four hours after the cause; and, in the generality of instances of this kind, I am of opinion that the cause does not precede some of the symptoms (costiveness for instance) longer than this period. In that species which arises from external injuries, the latent period will be found to vary in different persons: the symptoms seldom set in till the wound or lesion (when it has been of a trivial nature) be nearly well; and it is the common opinion, that a free suppuration secures the person from an attack."

In cases of small wounds, from splinters or similar causes, the symptoms occur from the eighth to the sixteenth day after the accident. Men are said to be most subject to the disease; but Dr. M. suspects this may be imputed to their exposing themselves more frequently to the causes, such as sudden and violent change of temperature, or accidents producing wounds. The author has met with no fair case of relapse. He has not

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seen it after colica pictonum or enteritis, as described by some. In the warmer climates, though the disease is more frequent, it is said to be milder. This remark, we conceive, relates only to the symptomatic tetanus.

The idiopathic form is, in general, supposed to be the mildest in all climates. This is admitted by Dr. M. yet not in the extent required by some writers, as he has seen many instances in which both forms have terminated favourably.

In all diseases, the prognosis appears to us the most important consideration. It is by this that we can distinguish between the effects of our remedies, and the spontaneous operations of nature;—by this that we can direct the application of those remedies; and, lastly, by this only that the world at large can judge of the comparative merits of different practitioners. We shall, therefore, make no apology for quoting the whole of this passage.

"Dr. Parry thinks the danger may be estimated in proportion to the quickness of the pulse: 'If, in an adult, the pulse, by the fourth or fifth day, does not reach a hundred beats in a minute, I believe the patient almost always recovers. If, on the other hand, the pulse, on the first day, is one hundred and twenty or more in a minute, few instances, I apprehend, will be found in which he will not die.'*

"I can positively affirm, that, in upwards of twenty cases of the disease (in negroes) which came under my care, there was no instance in which the pulse was in any manner so much excited as in those detailed by Dr. Parry. In a case mentioned by Dr. Curtis, in the Medical Transactions, the pulse is said to have been 'regular' —'*if it deviated at all from the pulse of a person in health, it was rather slow than quick, and somewhat fuller than natural.*'†

"I recollect the pulse (in the absence of spasm) at ninety-eight, in a boy who fell a victim to the disease on the third day; but I cannot say that I have ever remarked it higher than this, either in cases which terminated fatally, or in those which recovered; nor does it appear to me, that we can form any prognosis from the state of the pulse: during the spasms it will be found to rise eight

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"* Cases of Tetanus and Rabies Contagiosa.

"† This exactly corresponds with the history of several cases which have lately appeared in different periodical publications.—In a case which I attended in Newry, with Dr. Mollan (now one of the physicians to the Dublin General Dispensary), it was particularly remarked that the pulse was little or nothing affected. The patient died.—In another instance, in Newry, of a patient of Mr. Woods, to whom I was called, about two hours before his death, the pulse (in a child of eight years old) was rather slower than usual at that age. Opium, calomel, and the cold affusion had been used. This patient also died."

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or ten strokes in a minute, but, in the state of relaxation, it will deviate but little from that of a person in perfect health. When the disease comes on gradually—when, for the first three or four days, the muscles of the jaws are solely affected, and that, perhaps, not in any alarming degree—when the abdomen is not preternaturally hard, or the bowels obstinately costive—when the skin is moist and moderately warm—and, above all, when the patient enjoys sleep, we may (by the means hereafter to be spoken of) entertain strong hopes of an eventual recovery. An increased flow of saliva, where mercury has, or has not, been used, is always to be regarded as favourable; the less the general air of the countenance is changed, the better. On the other hand, when the attack is violent and sudden—when the muscles of the neck, back, and abdomen, are rigidly contracted—when the patient complains of a shooting pain from the sternum towards the spine—when the belly feels hard like a board, and the least pressure thereon produces spasmodic twitchings or contractions of the muscles of the neck, jaws, &c. or when the same effect is brought about by the presentation of any substance (solid or fluid) near the mouth, we have much reason to fear a fatal termination. Spasmodic startings of the muscles set in sometimes early in the disease, and, recurring every eight or ten minutes, are to be regarded as very unfavourable. Though, in forming a general prognosis, we have reason to fear an unhappy termination, when the symptoms set in violently and suddenly, yet I have met with one instance which formed a striking exception to this rule, in which the disease (the symptomatic species) appeared most violently, and almost immediately after the cause, where the patient's head was bent back, so as to make the body in some manner describe the arch of a circle; yet the person (a boy of about eighteen) got perfectly well."

Some remarks follow on the distinction between *tetanus* and *rabies contagiosa.*

On the appearances after death, we regret to say, that our author is much too short, and, as far as we can judge, hasty, in asserting that the organic derangements, sometimes found, are not necessarily connected with death. On this we shall say more when we come to consider the cases adduced.—This division of the work concludes with a short, but judicious, chapter on Trismus Nascentium, a disease frequent, in the West Indies, in children before the ninth day from their birth, and known, in that part of the world, by the common term of *jaw-fall.*

On the important subject of treatment, we feel ourselves obliged to give the author full credit, because the number of cases he has seen, the attention he has paid to the various forms of the disease, and the success of his practice, fairly entitle him to that respect, until any subsequent events may show that he has been deceived. We shall, however, confine

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ourselves to his own cases, because we suspect that our readers, like ourselves, must be tired of perusing the opinions and authorities of different writers. Dr. M.'s principal reliance is on opium, mercury, and warm bathing, principally the first. After the cessation of the symptoms, he recommends a continued use of wine and bark.

The five first related cases were idiopathic. Three proved fatal; and we know not how to express our regret that none were examined after death. In the unsuccessful cases, opium was not given early in the quantity recommended by the author. In one of them, the cold bath seemed to increase the symptoms, and to accelerate death. In another the tobacco clyster was twice tried ineffectually. It returned soon each time. The patient died on the fifteenth day, under a remission of all the symptoms.

One of the successful cases was in a female. The quantity of opium exhibited was greater than the author ever witnessed. The other was a male negro, to whom, on the second day, three drams of Tinct. Opii were exhibited every two hours, with mercury and the warm bath. The opium was increased, and wine given *ad libitum*. The warm bath discontinued before the symptoms ceased.

Four cases follow of *tetanus traumaticus* or *symptomaticus*. Of these, three recovered. In all three, opium was given very freely and very early, with wine and ardent spirits. In the fatal case, the patient was bled by her own desire, and could not be prevailed upon to take the opium as directed.

Of the cases which terminated unfavourably, two died after the symptoms had subsided—two during a paroxysm. It does not appear that any of them were inspected. The following are the author's remarks on that subject.

"The bodies of those who die in this disease, run rapidly into putrefaction. Few of them have been examined after death; and those that have undergone inspection, tend to throw but little light on the nature or seat of the disease. To say that it has its seat in the brain or spinal marrow, though these, and every other part of the body, are sometimes found, on dissection, apparently free from disease—or that it depends on something immediately connected with the nervous system, is, in other words, acknowledging that, concerning the pathology of the complaint, we are much in the dark. The fact is, that, in several instances of the most careful examination of the bodies of persons who have died in this disease, no morbid appearance whatever could be discovered, either in the head, thorax, or abdomen; and though it is equally as certain, that, in some cases, the vessels within the cranium have been found turgid—one of the ventricles filled with fluid—the heart closely contracted, and containing but a minute portion of

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blood, yet, having, in several instances, found it impossible to trace any such appearance after death, I think we are warranted in supposing that the organic derangements sometimes found are not necessarily connected with the disease."

In answer to this we would only say, that, if nothing has hitherto been discovered, there is a greater necessity of searching for the *causa mortis*. Mr. Howship, as we have before remarked, discovered, in one instance, this contraction of the heart so firm as almost to resist the knife: but this contraction, like the stiffening of the body, was only temporary, especially in a warm climate. We presume the author would have discovered the same in two of his cases, had they been examined immediately after death. We very much recommend an appendix to this work, containing all that is wanting in the present, namely, an accurate account of every appearance after death, dating the period of examination (which should be as early as possible), describing the texture of the blood and changes which it undergoes, as well as the sound parts. We cannot conclude, however, without thanking Dr. M. for the work in its present form.

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London. Vol. VII. Part II.—Longman and Co. 1816.

MEDICAL.]—*Case of Inflammation of the Muscular Structure of the Heart.* By EDWARD STANLEY, Esq. Assistant-Surgeon to St. Bartholomew's Hospital.

OUR readers will recollect this case in Mr. Field's Report of Diseases in Christ's Hospital. The particulars are here related afresh, with a more minute account of the examination after death. The great peculiarities discovered were an inordinately thick, dense, and heaving skull, without any diploë—a turbid fluid, with coagulated lymph within the pericardium; the parietes of the heart of a dark complexion; the fibres soft; and,

"Upon looking closely to the cut surface exposed in the section of either ventricle, numerous small collections of dark-coloured pus were visible in distinct situations among the muscular fasciculi. Some of these depositions were situated deeply, near to the cavity of the ventricle; while others were more superficial, and had elevated the reflected pericardium from the heart. The muscular fibres of the auricles were also softened in their texture, and loaded with blood, but without any collections of pus between them. All the cavities of the heart were loaded with coagulated blood. The internal lining, valves, and every other part of the organ, exhibited nothing worthy of remark, except the state of general

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turgescence in the capillary vessels, which had also extended to the lower part of the trachea, bronchia, &c.

"After this report of the appearances met with on dissection, there cannot, I should apprehend, be any hesitation in viewing the case as an example of acute inflammation attacking the muscular structure of the heart, constituting genuine carditis. It must be admitted that this is a disease of exceedingly rare occurrence: for, in the greater number of cases recorded under this denomination, it would rather appear that the inflammatory action had begun in the pericardium, it being commonly confined altogether to this membrane, and but occasionally extending a little way into the substance of the heart beneath. In those few instances where the heart itself has undergone such changes of structure as have been considered to result from inflammation, it is stated that the organ has sometimes become enlarged, and sometimes small and contracted, and that the muscular fibres have generally been of a pale yellow colour, and much softened in their texture, so as readily to allow the finger to pass between them.* In the work of Corvisart, there will be found references to cases from Barrerus, Forestus, and Fontanus, where distinct abscesses have been met with in different parts of the heart. One such instance lately came under my examination, where a considerable abscess had been formed in the parietes of the left ventricle near to the apex, there being opposite to the situation of the matter, ossification in the lining of the ventricle, with surrounding ulceration. I have not, however, been able to meet with any case on record, where, as an immediate effect of acute inflammation, suppuration has extended generally throughout the muscular structure of the organ.

"The case related in this paper will, I think, be regarded as worthy of record, not merely on account of its rarity, but also on account of its peculiar symptoms. We have here presented to us an instance of inflammation attacking the heart, so violent as to pass immediately into suppuration, and at the same time so destructive as to prove fatal in four days from its commencement, and yet of the symptoms which arose, there was not one which appeared directly referable to the affected organ; on the contrary, from their general tendency, the attention of the practitioners was diverted from the central organ of the circulation, the actual seat of disease, to the centre of the nervous system, where there existed no organic derangement."

On the above we cannot help inquiring, why such a case should be called Rheumatism of the Heart, nor remarking, that inflammation which passes immediately to sup-

"* In one of the cases of Carditis mentioned by Baag in his Selecta Diarii Nosoc. Reg. Frideric. Hafniensis, it is stated that the heart was greatly enlarged, especially in its right side. In most of the cases referred to by Corvisart, it is mentioned that the heart was small and contracted. Frequently, however, no notice is taken of the size of the organ."

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puration is less painful, than where the adhesive stage continues longer—the commencing of suppuration being often the cessation of pain. The peculiar thickness of the cranium could, we conceive, only arise from a long-continued increased action; in other words, a chronic inflammation. If the whole system was excited by suppuration in so important an organ as the heart, under such a condition of the skull the patient would be likely to feel pain in the head. These remarks, however, are given with due respect to the gentleman to whom we are indebted for so valuable a case, and, we trust, that a difference of opinion in the cause of certain symptoms will not be construed into a disposition to discourage such communications. We should be highly pleased to see a more minute account of the case of abscess near the apex, slightly mentioned above by Mr. Stanley.

Sketch of the Medical History of the First Battalion of the First Regiment of the Foot Guards, during the Winter of 1812 *and* 1813. By John Bacot, Esq.

This well-written paper contains a most interesting, but a most melancholy, account of the mortality of a set of brave men, suddenly engaged in actual campaign after being accustomed only to militia duty, and probably many of them recently taken from the fields or the loom. We regret the account is rather historical than medical. The description of diseases and the treatment is much too short; and we cannot help believing, that, had Dr. Jackson's writings been more attended to, the warm-bath would at least have had a trial in some cases of local congestion, if not high action, about the brain, as appears by the nature of the delirium. We offer this only as a suggestion, from what we have seen of military medicine, and from the descriptions we have read of others.

Microscopic Observations on the Structure of Bone; by John Howship, Esq.

This is a continuation of Mr. Howship's ingenious inquiries, contained in the former part of this volume of Transactions. The same accuracy pervades the whole, and the same interest is preserved, but, without the plates, every attempt to explain the subject would be ineffectual.

Observations on the Condition of the Bones in Rickets, with an Account of some Circumstances not before noticed relating to the Processes of Restoration which take place in them. By Edward Stanley, Esq. Assistant-Surgeon to St. Bartholomew's Hospital.

This is an ingenious little paper, to show that the manner in.

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in which ricketty bones are curved, their structure, and the progress during restoration. The bones in this softer condition are bent according to the weight they support, and the action of the muscles attached to them. Under restoration, that is, when they harden, this induration commences in that part which may be said to form the centre of gravity, or which is most affected by the action of the muscles, which, of course, correspond with the greatest curvature. Mr. Stanley found also, in the original formation of bone, that the earliest and most considerable deposition of phosphate of lime is in those parts in which strength is most required from the above causes. Some of these remarks, the author observes, have already occurred to the French surgeons. There are two passages not perfectly satisfactory to us. The bones are said to have "exhibited an areolated texture." Does this mean that star-like appearance as if the deposition somewhat resembled crystallization? The other passage is as follows.

"I have never (says Mr. S.) noticed any expansion in the articular ends of ricketty bones, as is mentioned by some authors. I should therefore feel inclined to believe, that there has existed only the appearance of such a phenomenon, the ends of the bones having appeared swollen in consequence of the emaciation of the surrounding soft parts."

Now it is certain, that this deformity sometimes continues throughout life, and in persons not emaciated. May we not, therefore, presume, that the two diseases, though confounded under one name, are different?

Observations on Tetanus; by DAVID I. H. DICKSON, M.D. F.L.S. Physician to his Majesty's Fleet, and resident Physician at Clifton.

We have been much pleased with the perusal of this paper, not from any success that attended the author's practice, or to be met with in his reports, but from the discrimination in the forms of the disease.

"This disease (says he) is with propriety divided into the acute and mild, or what I think has inappositely been termed the chronic species; and the latter into the symptomatic and idiopathic varieties. A witness of the first, or acute symptomatic form, from wounds in the cases in question, could not fail to be impressed with the wide difference between these two species in a practical point of view; nor with the conviction that those curative measures which have been described as successful in the one, are almost certainly doomed, in the other, to be followed by unqualified disappointment. The examples that came within my knowledge (but of course there may have been others, with which I am unacquainted) were six or seven soldiers under the care of navy surgeons;

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geons; and they occurred within a few days after the attack of the 8th of January, 1815, and consequently in an inflamed and painful state of the wounds; but, when the great number that suffered on that occasion, the distance which they were afterwards conveyed, (chiefly in open boats,) and their consequent exposure to the cold night air, and to the heavy rain which fell on the afternoon of the 10th, are taken into consideration, it will rather be a matter of surprise that so few instances followed, than that those which did occur proved so severe and so rapidly fatal. In these cases, as in others, the danger was in proportion to the rapidity and violence of the attack; and they terminated fatally, as far as I am informed, within the second, third, or fourth day; indeed, this form I believe generally runs its course within the third day."

This was accurately remarked by Celsus,* and we know not how it is so generally overlooked by modern writers. The case related by Dr. D. proved fatal on the second day; though, during that short period, the patient had taken ʒiij. of tincture of opium. Some very ingenious observations follow on the state of the circulation, as mentioned by Dr. Parry; on which, the author remarks with equal candour and judgment. We give the following extracts in hopes of further information from future observations.

"As the acute form of traumatic tetanus, to which these remarks are chiefly intended to apply, is so uniformly fatal, it is of the greatest consequence to attend to whatever may assist in detecting the disease early, or in warding it off. Richerand observes, that in wounds threatening convulsions and tetanus, a persevering extension of the limbs during sleep often manifests itself before any affection of the lower jaw; and we should naturally pay more attention to any admonition of this kind in punctured or in extensive lacerated wounds, particularly of tendinous or ligamentous parts; and especially in injuries of the feet, hands, knee-joint, back, &c. in which the disease most frequently supervenes.

"Though it sometimes attacks suddenly, yet, in general, a more gradual invasion affords some prelusive indications of danger: such as increase of pain, irritation, and restlessness, nervous twitchings, pain and difficulty in deglutition, or in turning the head, spasms or partial rigidity of some of the voluntary muscles, pain at the scrobiculus cordis, a suppressed or vitiated state of the discharge, &c. Thus Mons. Larrey adduces several instances of tetanus in which the wound was either dry, or afforded only a scanty serous exudation, and where the symptoms were relieved on suppuration being re-established; and Dr. Reid, in the Edinburgh Medical and Surgical Journal for July 1815, remarks, that on removing the dressing, instead of healthy pus, the surface of the wound was covered with a darkish unhealthy looking matter, which he had in two for-

* "Ea sape intra quartum diem tollunt; si hunc evaserunt sine periculo sant."—*Cels.* lib. iv. cap. 3.

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mer instances noticed as the forerunner of tetanus. The torpor of the intestines, which precedes and accompanies this disease, is highly deserving of attention. Mr. Abernethy observes, that in four cases where he inquired into the state of the bowels, the evacuations were not like fæces; and he proposes as a question in investigating the cause, what is the state of the bowels between the infliction of the injury and the appearance of this dreadful malady?"

There cannot be a doubt of the propriety of all these inquiries; but, we must be allowed to express our surprise, that the appearance of the fæces, in four different subjects, should have been ascertained for some days before any suspicion of lock-jaw could have occurred. However this may be, if such was really the case seven years ago, it is inexcusable that the question has not by this time been settled. In many of these cases, we cannot help thinking, that the same cause which induces tetanus, induces also the faulty secretion of the bowels, as well as the change in the appearance of their size, and that they both cease together.

"The exhibition of spirits with opium, as recommended by Mr. Grimstone, with a view of creating, and keeping up for a certain period, a strong action in the system, independently of the support it derives from analogy in those instances where wine has been given in large quantities with success, certainly appears from the cases with which he has favoured us to be well worthy of a further trial; and, in what has been termed the chronic form, he has spoken to me with the greatest confidence of its success. Its failure off New Orleans does not argue any thing against it, under less unfavourable circumstances; for there, as in the African above noticed, the dysphagia increased so rapidly as to render it impossible to administer a sufficient quantity to produce or maintain any considerable effect upon the sensorium. Indeed, in those severe cases, where, as M. Larrey observes, 'the patient has, if not a dread of liquids, at least a great aversion to them;' and where the very attempt to swallow ultimately brings on violent convulsions, it is evident we have little or nothing to look for from the administration of remedies by the mouth; whether this state may be anticipated by opium when foreseen sufficiently early, or there is any charge of arresting it, while forming, by the most powerful exhibition of this medicine, which circumstances might authorise, or how far benefit might be expected from a strong watery solution of it, or by powerfully purgative and stimulating remedies, such as turpentine given by enema, are considerations well worthy of every attention."

All this shows the great difficulty in attempting any thing in the acute state, and, consequently, the uncertainty of our remedies. It is, however, a great satisfaction to learn, that the cases of tetanus were so few in the navy during the superintendance of Dr. Dickson, and we trust the cause of this paucity will gradually develope itself. The paper concludes with

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with a letter from Dr. M'Arthur, containing four cases, related with equal candour and judgment.

The first was an African boy, in whom spontaneous tetanus had occurred. He lived only forty-eight hours, during the first twenty-four of which he had taken seventy grains of calomel, two ounces of mercurial ointment were rubbed in, the cold affusions applied eight times; several enemas injected, none of which had returned. The warm bath was afterwards substituted, sixty drops of laudanum given every second hour, and as much wine as he could swallow; a blister applied to the abdomen.

"He died (says Dr. M'A.) in a state of extreme misery about forty-eight hours from the time I first saw him. My attention during his life was directed to the abdomen, which I repeatedly pressed during the absence of spasm, without exciting pain or uneasiness. This case was supposed to have originated in cold, as he had not received any injury or hurt. Having obtained permission to open the body, I found the small and large intestines much inflamed, and in many places approaching to a state of gangrene; other abdominal viscera sound. Having observed sufficient to account for his death, I did not prosecute the dissections farther; a circumstance which I now regret."

The next case was, in symptoms, very similar, though the cause might be a wound.

"Jer. Collins, ætat. 30, a seaman belonging to his Majesty's ship Canada, was admitted a patient into this hospital, on the evening of the 1st of June. The jaws were not completely locked; most painful contractions of the muscles of the neck and back upon every effort at swallowing or speaking, skin perspirable, bowels bound. The first phalanges of the fore and middle fingers of the right hand had been amputated on board, about twelve days ago, and are now nearly cicatrized. The tetanic symptoms appeared on the morning of the 31st May, soon after he had been on deck for a drink of cold water. He has taken on board, under the direction of Mr. Booth, the very able and judicious surgeon of that ship, laudanum, in large doses, both into the stomach and by glysters. Frictions, with stimulating liniments and the warm bath, were also employed.

"Adhibeatur quam primum enema domesticum. Descendat in balneum tepefactum. Habeat submur. hydrarg. gr. viij. sub forma boli secunda quaque hora. June 2d, unable to swallow the smallest quantity of fluid, and every effort to speak induces the most excruciating distress; no sleep.

℞. Decoct. Amyli, ℥ij.
Tinct. opii, ℥ij. M. ut fiat enema. Injiciatur.

Died at 12 o'clock."

In this case, marks of inflammation were discovered along

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the œsophagus and stomach; cœcum and colon almost sphacelated, and a yellow offensive smelling matter found on the villous coat of both; pharynx, neck, and jaw, as well as the lungs, natural and healthy.

The third case was thirteen days after a successful amputation, with a favourable appearance of the stump. On the first alarm, 18 oz. of blood were taken, the warm bath used, and a purge given of jalap and super-tartrate of potass ää ʒs. The symptoms increased, and spread, the two following days, to the lower extremities. Calomel given very freely as a purge, with an enema, produced a stool; and, on the following morning, the patient had a spontaneous loose stool. On this day [the 3d] ℥xvj. of blood were taken, after which the pulse rose. Calomel and antimony were given frequently, with camphor. On the 4th,

"Spasms of the muscles of the neck and back; more frequent deep-seated pain under the sternum; pulse low; perspires freely; one stool. Repetantur pilulæ ut heri. Adhibeatur emp. lyttæ sterno.

"5th. Much as yesterday, perspires less, bowels bound. Repetantur omnia. Injiceatur enema catharticum.

"6th. Slept better than he has done for several nights; muscles of the jaw more relaxed; spasms much as usual; had an enema last night, which is still retained; stump unhealthy. Continuentur pil. et baln. calid. Injiceatur enema.

"7th. Passed a bad night; spasms severe; a gangrenous spot on the anterior edge of the stump; one free stool. Continuentur omnia ut heri. Habeat etiam haust. anod. ex tinct. opii ʒj. hora somni.

"8th. Every appearance of approaching dissolution; inside of the lips slightly ulcerated, as if by the action of mercury; no ptyalism. Died at 2 p. m.

"During the continuance of the disease, the jaws were not so much shut as to prevent his receiving nourishment, especially after the second bleeding.

"*Dissection.*—Stomach much drawn up under the diaphragm. Intestines in several places inflamed, chiefly the ileum; stomach and intestines inflated with air; no mark of disease in the œsophagus, pharynx, or larynx."

The fourth case followed amputation of the arm at the shoulder-joint, and commenced twelve days after the injury and eleven after the operation, till which time every thing was going on well.

"Dec. 16th, was restless, and somewhat delirious in the night, pulse sunk, granulations of the wound pale, bowels open. His wine and porter to be continued.—Haust. anod. hora somni.

"17th. Complained last night of stiffness of the jaw, and con-

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tractions of the muscles of the face and neck; took sixty drops of the tinct. opii at bed-time, and repeated it in the night. This morning the spasms of the neck extended to the back, and are increased in frequency and violence; pulse quick, and scarcely perceptible. Habeat tinct. opii ʒi. tertia quaque hora, vel pro re nata.

"18th. Spasms continued with unremitting violence. Was put into the warm bath last night. Died at 9 o'clock this morning.

"*Dissection.*—Stomach singularly contracted, internal coat exhibiting appearances of inflammation, and much yellow-coloured mucus adhering to it. Portions of the intestines inflamed, particularly the ileum; a very extraordinary yellow fluid, resembling that in the stomach, was in great abundance in every part of the internal canal, which, upon cutting into the intestine, effervesced on coming in contact with the external air; liver diseased; did not examine the thorax or head."

In all these cases, related with the greatest candour, and, doubtless, with equal accuracy, we find the symptoms progressively increasing till death. The examinations, we regret to say, are deficient in the following points:—we are not told how long after death the body was opened, and no mention is made concerning the contraction of the involuntary muscles, particularly the heart. The cases are, however, highly important as far as they go. The author confirms the remark of Dr. Dickson, that tetanus is much less frequent in the West-India fleet than formerly; he adds, indeed, that it is scarcely known.

Account of a Case of curious Imperfection of Vision. By Whitlock Nicholl, M.D. of Cowbridge.

The incapacity to distinguish colours is by no means uncommon. In this, as in the instance related in the Philosophical Transactions, the peculiarity is not confined to a single individual in the same family. It has descended, like many others, from the grandfather and his brothers, missing a generation.

Some Observations on a Species of Pulmonary Consumption very frequent in Great Britain. By Alexander P. Wilson Philip, M.D. F.R.S. Ed. of Worcester.

"To many physicians (says Dr. P.) there will probably be nothing new in the following observations; but this remark, I believe, will not apply to the greater number of medical men, because it is very common for the different species of pulmonary consumption to be regarded as the same disease, and treated in the same way."

This modest distinction between *physicians* and a great number of *medical men*, appears to us ill suited to a society

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consisting of physicians, surgeons, and esquires. However, for proofs that different species of consumptions have been noticed for nearly twenty years, we appeal to our own Journal; and, we believe we may say more than thirty years, to Dr. Moore's "Travels in Italy," which contain two very long letters on that subject only. We pretend not to say that in either of these publications the particular species described by the author of this paper is noticed. Dr. Philip, however, in referring us to the second edition of his Treatise on Febrile Diseases, published twelve years ago, helps us to an author who, with others, was not entirely inattentive to the liver as a cause of consumption.*

Dr. P. tells us it is not his intention to give a detailed account of the symptoms of this species of phthisis, but only the symptoms and modification of symptoms by which it is distinguished. It may not, however, be amiss to remark, in general, among these *symptoms*, that, in the early stage, the spirits are often depressed, and the countenance sallow; the cough generally dry and severe, with mucus expectoration from the violence of its paroxysms, which occur oftenest after eating, or on lying down, especially on one side; the matter, from being at first limpid or glary, becomes purulent; the pain, if any, is dull at the pit of the stomach; the hectic later in its appearance, and the emaciation slower. Many of these symptoms, and some others mentioned by Dr. P., the reader will perceive are not peculiar to this species of phthisis. Of this the author seems aware.

"Such (says he) is the manner in which the symptoms common to all forms of phthisis are modified in this species of it; but a

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* We have not Dr. Philip's second edition, but, in the 4th vol. published according to the date he mentions (1804), is the following passage:

"One cause of tubercles, which appears to me to operate very frequently, has been but little noticed by writers—Raulin and some others mention it—obstructions of the abdominal viscera, particularly an enlarged and indurated state of the liver, cases of which I have known prove fatal, by inducing phthisis, without the practitioner having been aware of the cause which supported the disease. The formation of pus seems, in most of these cases, at an early period, to be unattended with ulceration, sometimes, perhaps, even with tubercles, for I have seen many supposed to labour under phthisis, speedily relieved from the most urgent symptoms, by the means which remove the enlargement and induration of the liver. If the case is neglected, however, tubercles and ulceration succeed, and then it is too late to afford permanent relief."—*Dr. Philips Wilson on Febrile Diseases*, vol. iv. p. 518 and 519.

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diagnosis resting merely on the modification of symptoms must always be fallacious; it is, therefore, fortunate that, in the present instance, there is superadded to the usual symptoms of phthisis, others peculiar to this species, by which, with very little attention, it may always be distinguished; symptoms indicating a deranged state of the digestive organs. The patient is often distressed with flatulence and irregular bowels, the tongue is furred, the appetite for the most part, contrary to what is usual in other forms of the disease, much impaired, the faeces seldom well coloured, and the epigastric region more or less full and tender on pressure. These symptoms vary much at different times, but the patient is hardly ever free from them. The connexion between them and the pulmonary symptoms is rendered evident by the latter increasing with the former, so that when the epigastric region is very full and tender, the cough and dyspnœa are more troublesome; and on the fulness and tenderness subsiding, the pulmonary symptoms abate. Even the rising of the wind from the stomach often, for the time, removes the tendency to cough.

"The foregoing are the symptoms of the more early stages of that species of phthisis which I am endeavouring to distinguish, because I have found it requires a very different plan of treatment from other forms of this disease."

"*Of the Causes.*—The species of phthisis which I am considering arises from all the causes of this disease, with the exception of those whose operation is confined to the lungs themselves, the inhaling of dust, other diseases of the lungs, the bones pressing unequally on them, &c. yet its causes are not less numerous than those of other forms of phthisis. To compensate for the want of those causes immediately affecting the lungs, we have a numerous set of causes affecting the digestive organs. Drunkards, at that time of life which disposes to phthisis, frequently fall a sacrifice to this form of the disease; and those who have been long subject to severe attacks of dyspepsia, and what are called bilious complaints, are liable to it. In short, we perceive equally in its causes, as in its symptoms, its connexion with the state of the digestive organs, from which it may be justly termed dyspeptic phthisis. It particularly deserves attention, that, in many families, this form of the disease alone appears. When this is the case, its fatal effects may generally, I believe, be prevented by carefully avoiding the causes which tend to debilitate the digestive organs, and watching the first approach of the disease.

"*Of the appearances on dissection.*—The appearances of the lungs are generally much the same as in other cases of phthisis; but we almost always find, at the same time, either a diseased state of the liver, or traces of disease having existed in it. In cases where the disease of the liver has been severe, and the patient has died as much of this disease as of that of the lungs, I have *repeatedly* found those parts of the lungs in the neighbourhood of the liver alone affected, the left side appearing sound, or nearly so.

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In general, however, the affection of the liver seems to have little immediate share in the cause of death; and the patient lives, as in other cases of phthisis, till almost the whole lungs are rendered incapable of their function. Here, as in many other cases, we often have occasion to remark to what extent change of structure, even in the vital organs, may go without destroying life, when the change is very slowly effected; a circumstance which, perhaps, more than any other, shews the resources in the structure of the body itself, against the effects of disease.

"It is not at all uncommon, in dyspeptic phthisis, to find the spleen, as well as the liver, diseased. As the cœliac artery, dividing into three branches, supplies the liver, stomach, and spleen, may we not suppose that the pain so frequently felt in the left side and in the stomach, in this form of phthisis, arises from more than the due quantity of blood being thrown into the vessels of these organs, in consequence of the obstructed state of the liver? is it owing to their being supplied by the same artery, that we so frequently find a diseased state of the liver and spleen in the same subject, and that inflammations of these organs so frequently alternate with each other? I have repeatedly seen the inflammation pass from the one organ to the other, and back again to that first affected."

Having thus traced the *symptoms, causes*, and *appearances* on dissection, the author is prepared to inform us of the *nature* of Dyspectic phthysis. Of this we shall offer the first paragraph, as many of our readers will, by that, be enabled to guess the rest.

"It is impossible (says Dr. P.) to observe, even in a cursory manner, the symptoms of this disease, without remarking that the state of the lungs is connected with that of the digestive organs. Its causes we have seen afford the same inference; and, in those who die of it, I have just had occasion to remark, we very frequently find a diseased state, or proofs of a diseased state having existed in one of the organs of digestion, whose intimate sympathy with the others, numberless observations prove. A question of the first importance in the treatment of this disease here arises, What is the nature of the relation observed between the affection of the lungs and that of the digestive organs, in this species of phthisis? is the one a consequence of the other, or are they simultaneous affections arising from a common cause? They are not simultaneous affections, for the one always precedes the other. In by far the majority of cases in which both the lungs and digestive organs are affected, the affection of the digestive organs precedes that of the lungs. In some instances, we find the affection of the lungs the primary disease. But in these, the case does not assume the form above described, but that of simple phthisis; and the hepatic affection, which is always the most prominent feature of this derangement in the digestive organs, does not shew itself till a late

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late period of the disease, and then little, if at all, influences the essential symptoms."

As may be supposed, Mr. Abernethy is soon unexpectedly met on the road (for who can fail to meet on any of those hacknied roads which require no guide); and, because it is found that mercury will, by exciting a new action, cure many chronic diseases; that most chronic, and all acute, diseases, affect the digestive organs; and, because mercury is supposed a specific in all diseases of the liver, that therefore all chronic diseases arise from a vice in the digestive organs, and that such vice may generally be traced to the liver: hence, that mercury will cure all chronic diseases. It appears, however, that the mode of giving mercury is different from Mr. Abernethy's. Might we not, therefore, ask whether Dr. Hamilton's practice of purgatives, without mercury, would not be equally efficacious? and less dangerous; inasmuch as a number of medical men, (not many physicians,) finding a little mercury so universally efficacious in slight complaints, may think that, in more obstinate complaints, a great deal would be equally so; and thus, by degrees, a whole town, or a certain range of it, may be found in a state of high salivation.

The paper contains also some long remarks concerning sympathy, and some shorter ones concerning scrofula. The following passage surprised us much.

"It always adds much to the unfavourable prognosis, to find that the patient has scrofulous enlargement of the more external glands, which is often such as cannot be seen, but only felt. It will be generally admitted, I believe, that external glandular swellings and suppurations often tend to prevent internal disease. We see, in the same family, some fall a sacrifice to phthisis, while others, labouring under these swellings, escape it. I have seen a person in the last stage of phthisis saved by the glands of the neck suddenly swelling and suppurating. But that slight enlargement of the external glands which may be rather felt than seen, while it indicates, is not of sufficient importance to obviate the tendency to internal disease."

This paper is very incorrectly printed—besides *scrophula* for *scrofula* in the above passage, we read that "animal food and *fomented* liquors are peculiarly injurious."

Facts illustrating the Effects of the Venereal Disease in the Fœtus in Utero, and the Mode of its Communication. By WILLIAM HEY, Esq. F.R.S. &c. &c. of Leeds.

Nothing can ever shake the reputation of Mr. Hey's former writings. They are replete with solid judgment, accurate description, and perspicuous reasoning. If, therefore, we object to this paper, it is only to urge *non omnia possumus*

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possumus omnes. Mr. Hey probably began his useful career long before Mr. Hunter was at all understood, and when the venereal disease was described not as a morbid poison whose character was to be accurately ascertained; but taken for granted according to suspicious circumstances, and the cure by mercury. According to the first, all *local* diseases appearing on certain parts, and oftentimes on any parts, were at that time pronounced venereal; and, according to the second, all, or most, *constitutional* diseases must be venereal, as they are usually attended with dyspepsia, and mercury is with some the universal remedy. Our respect, however, for one who has done so much for surgery, and is still in the full vigour of intellect, prevents our treating the subject with levity. We shall, therefore, only remark, as the local symptoms of his cases are no-where described, it is not for us to oppose what we cannot be acquainted with. To explain ourselves better, we offer the following extracts, with which the paper concludes.

"When the notice of syphiloid diseases was first laid before the public by Mr. Hunter, the chief force of his argumentation was derived from this consideration, that, although the diseases had a considerable resemblance to syphilis, yet being cured without mercury, they were thereby proved to be of a different nature. Now if this reasoning is allowed to have validity, we may suppose the converse of it also to be valid. If the disease in question have the usual symptoms of syphilis, and will yield to no other remedy than mercury, we may fairly conclude that it is syphilitic. What is our design in giving distinct names to diseases, but that we may thereby be directed to select the appropriate remedy for their cure? If my patient obtain the desired benefit from my nomenclature, a defect in my theory may well be excused.

"It may justly excite surprise, that the gentleman whose case I have last related, should have remained free from disease, when his wife was in the condition which I have described. I confess myself unable to account for this circumstance, without calling in the aid of a supposition which wants probability. I have related all that I know of the case, and must leave the solution of the difficulty to your better judgment.

"As I do not mean to enter upon an examination of the distinctions which have of late years been made betwixt genuine syphilis and syphiloid diseases; I trust I shall not be considered as having, by the preceding observations, expressed any doubt of the accuracy of those distinctions. I rejoice to see the ardour and judgment with which every branch of medical science is now cultivated; and must ever rank myself amongst the pupils of those, who by their discoveries and successful labours, are daily diminishing the sufferings of mankind."

The concluding sentence is worthy of such an author, and the

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the modesty of the whole paragraph might almost disarm criticism. But, where did Mr. Hey collect Mr. Hunter's chief argument, "that, although the diseases had a considerable resemblance to syphilis, yet, being cured without mercury, they were thereby proved to be of a different nature;" and, if such is not Mr. Hunter's chief argument, how much must we regret the logical allusion to the converse of such reasoning. Mr. Hunter objects equally to some cases which required frequent and long repetitions of mercury, as to others which were cured without any; and uses both only among the arguments, that there is "an ambiguity attending these diseases in all their stages—in the mode of their being caught, *the appearance*, and the cure."—*Treatise*, p. 397, Second Edit.

On the Medicinal Properties of Stramonium; with illustrative Cases. By ALEXANDER MARCET, M.D. F.R.S. Physician to Guy's Hospital.

It appears, by this paper, that Dr. Marcet, prudently availing himself of a hint from one of his pupils, (a son of Mr. Norwood, of Ashford,) directed extract of stramonium in a very violent case of sciatica. Encouraged by success, he has continued its use in many similar cases, as well as in tic douloureux, and with apparent success. We very much approve of these means of multiplying our resources. It was found by Dr. M. that the most efficacious extract is made from the seeds.

[The Chirurgical papers will be attended to in our next.]

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

[The following short papers we have found most conveniently disposed of in this department of our Journal.]

For the London Medical and Physical Journal.

Queries regarding Dr. Ley's Case of Puerperal Fever; by MEDICUS.

THE unusual and alarming occurrence of a case of Puerperal Fever proving fatal after an easy natural labour, the woman being in good health at the commencement of her labour, and the disease not being prevalent in the house, (the Westminster Lying-in Hospital, where the case occurred,) renders it (to me at least, and, perhaps, others of your readers may view it in a similar light) a question of some importance, practically considered, to ascertain, whether it be an established rule of the Hospital to administer an opiate after every labour, whether difficult or otherwise; and, if not,

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not, whether some symptom, not mentioned in the narrative, occasioned an opiate to be administered in the case alluded to?

"Nothing untoward," it is said, "occurred in her delivery. Her labour was, in every respect, perfectly natural, the dilatation of the os uteri being rapidly progressive, the presentation most favourable, and the external parts easily dilatable. As soon as the division of the funis had been effected, and the infant delivered to the ordinary attendant, it was ascertained that the placenta had been separated by the contractions of the uterus, and was already lodged in the vagina. In a few minutes it was wholly expelled by the natural efforts of the woman, no assistance having been given by the funis. An opiate having been administered, she was put to bed." &c.*

I am aware, that, as the case was not originally published in your Journal, (being taken from the Medical Transactions,) it is at the option of the ingenious author of the narrative either to give or withhold the information desired: but, as mere curiosity has no share in inducing me to make the inquiry,—my motive being of a general nature, and with a view to utility,—I flatter myself my request will be attended to.

Manchester; Feb. 21, 1817.

To the Editors of the London Medical and Physical Journal.

GENTLEMEN,

On reading the well-merited eulogium on Dr. Rush, contained in your Journal for January, I could not avoid contrasting the opinion entertained of his sagacity and discernment by a Lettsom, and a Zimmerman, with the affirmation of a late writer: "it is evident that, in the year 1794, he mistook the Bilious Remittent for the Bulam Fever."

This singular assumption, to get over a difficulty, is about as well-founded and legitimate a conclusion as that "the Sydenham of America," in disavowing contagion, and a living physician of pre-eminent experience, are entitled to *less* credit, because they have had the candour to acknowledge that they had been in error, and had changed their opinion;—or as the "discovery" that the yellow-fever attacks but once; an hypothesis (like the Bulam or error loci theory) the adoption of which it might have been expected that a very moderate *personal* acquaintance with the disease, in different situations, would have prevented. The "fact" seems lately to have been correctly stated by Mr. Doughty and others, to wit, that the liability to a second attack will depend upon the superior intensity of cause, or regenerated susceptibility, by intervening ultra-tropical residence. P. 182-3.—I am, &c.

London; Feb. 12. ÆQUUS.

The writer of the above wishes to ask those who have read the

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* Med. and Phys. Journal, vol. 37, p. 117, &c.

French

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French calumny, whether they have seen the recantation of Dr. Rush? because it is presumed that no one could peruse the language of solemn and deep contrition in which it is couched, and doubt his sincerity for a moment,—under any thing short of absolute proof,—without being deficient in one of those hitherto conceived necessary appendages, a head or a heart.

To the Editors of the London Medical and Physical Journal.

GENTLEMEN,

With much surprise I have seen it stated, in Mr. Pettigrew's Memoirs of the Life and Writings of the late Dr. Lettsom, that "the vaccine lymph was first sent by him across the Atlantic, and consigned to the fostering care of Dr. Waterhouse, Prof. of the Theory and Practice of Medicine in the University of Cambridge, Massachusetts; and that from him it was spread through the United States." But this is not true; vaccine lymph had been previously sent by Dr. George Pearson to Dr. John Chichester, now a resident physician at Bath, but at that time in very extensive practice at Charleston in South Carolina. An opportunity soon offered for the employment of it, of which Dr. C. availed himself, and the particulars may be seen by reference to Mr. Tilloch's Philosophical Magazine, vol. 16, page 252, where they are stated by Dr. Rhodes, who witnessed the insertion of the matter, and the progress of the vaccine disease throughout its whole course. The subject was afterwards tested with variolous matter, and the constitution found proof against its effects. Your's,

London; March 13, 1817. Georgiensis.

To the Editors of the London Medical and Physical Journal.

GENTLEMEN,

The oil of bitumen, or coal tar, is considered by those who make and burn gas as waste; but mix coal tar with dry saw-dust, spent logwood, or fustic, to the consistence of paste, and let the same remain until the water is drained off; and, if 2 cwt. of the mass be put into the retort instead of coals, it will produce more gas, and be less offensive, than the same weight of canal coal. It may be thus repeated until the whole of the tar is consumed into gas. This will not only be a saving of about one half the expence of coals, but will add to cleanliness and neatness. Consuming the residuum of hydrogen gas on the above plan cannot be too strongly recommended, as it is well known to have a very offensive odour.

Archibald Beech, *Chemist.*

23, *London Road, Manchester*;
May 21, 1816.

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To the Editors of the London Medical and Physical Journal.

GENTLEMEN, *Feb.* 27, 1817.

When I first sent you my Calendar of Flora last year, I had occasion to remark the great backwardness of the spring; and, I believe, from the appearance of the present season, that we may expect it will afford us an opportunity of contemplating an equally early produce. This has induced me to summons together my botanical friends, in order to collect the flowers that are now open. Our excursion this day was through Battersea Fields; and the following is a list of what we procured.

Leontodon Taraxacum
Alsine media
Veronica agrestis
Cerastium vulgatum
Lamium purpureum
Daphne Laureola
——— Mezereum
Crocus vernus
——— nudicaulis
Galanthus nivalis
Cheiranthus fruticosus
Taxus baccata
Buxus sempervirens
Euphorbia Helioscopia
Viola tricolor
Bellis perennis
Corylus Avellana
Primula veris
Poa annua
Helleborus fœtidus
——— viridis
Caltha palustris
Tussilago Petasites
Viola odorata
Anagallis arvensis
Thlaspi Bursa Pastoris
Senecio vulgaris
Saxifraga oppositifolia
Ranunculus Ficaria
Lamium amplexicaule
Veronica hederifolia
Lamium album
Tussilago Farfara
Draba Aizoides.

March 19th.—This day I made another excursion to the same place, and we found the following plants, in addition to the above.

Salix viminalis
Glechoma hederacea
Equisetum hyemale
Draba verna
Cerastium viscosum
Ulex europæus
Ribes rubrum
——— Grossularia
Urtica urens
Narcissus Pseudo Narcissus.

It will be curious to contrast the time of opening of all these early flowers with that of the last spring; and, should the weather continue as fine as it appears to be at present, my regular list (which I hope to give you every month) will afford you some interesting facts, from whence, I doubt not, many may reap amusement by contrasting the difference of the two seasons.

I am, Gentlemen,
Your obedient Servant,
William Salisbury.

I shall make another excursion on the second Thursday in April, to Hampstead Heath; and on the third Thursday to Battersea Fields,—to meet at ten in the morning.

List

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List of Patients admitted into all the Civil Hospitals of Paris, from the 1st of February, to the 1st of March, 1817.

Uncharacterised fevers	15
Intermittent ditto of various kinds	142
Bilious or gastric ditto	85
Mucous ditto	7
Adynamic or Putrid ditto	20
Ataxique	1
Catarrhal ditto	7
Phlegmasies, internal or external	113
——— of the organs of respiration	57
Consumptions	24
Ophthalmia	27
Diarrhœa and dysentery	17
Dropsy and anasarca	13
Apoplexy and recent paralysis	16
Colliques metalliques	4
Small-pox	1
Sporadic and chronic disorders, and the result of accidents	284
Itch	74
Total	827

In the above, the number of intermittents is truly surprising, and also the absence of scarlatina and measles.

Of Blows upon the Nails.—One of the most painful of minor accidents is a blow upon the nail. The immediate effect is to produce a violent pain, which, instead of diminishing, increases for several hours. This pain is produced from the blood which has escaped from the little bruised vessels collecting under the nail, and forms those black spots which are almost always observed in these cases. As the blood thus collected has no means of escaping, an inflammation follows at the end of the finger, and afterwards the formation of a purulent matter, and at length the nail falls off in the midst of excessive pain; frequently the new nail produced is deformed, because the disorder has altered the structure of the parts which reproduce it.

There is, however, a method of preventing all these accidents, or at least greatly diminishing them; this consists only in giving vent to the blood by piercing the nail; this little operation is perfectly similar to trepanning. It is useless to point out to medical men the mode of operation, but, to others, the following easy method is within the reach of every one:—Scrape the nail on the black part with a piece of glass till you arrive at the pellicle, which must be pierced with a pen-knife. At the instant black blood will rush out, and the pain will be relieved; all the dressing necessary is a linen bandage to receive the blood, which will continue to exude, and Nature perfects the cure.

If the blow has been violent, and the nail entirely loosened, it will

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will fall off without causing much pain; but it may happen, that, notwithstanding the evacuation of the blood by the incision of the nail, the finger will inflame, it will then be necessary to bind up the finger with a bread and milk or water poultice, which will dissipate the pain and the inflammation.

On the Mystic Forms and Studied Obscurity of the Formulæ of the Ancient Physicians; by Dr. MONTEGRE.

The number of physicians having greatly increased at Rome, several of them endeavoured to captivate the attention of the multitude, who, according to Pliny, believe the more as they comprehend less, (minus credunt quæ ad suam salutem pertinent, si intelligunt.) Some published their prescriptions in an enigmatic style, either to conceal their knowledge from the vulgar, or to impose on them the more. We may quote, for example, the Philonium, of which the author describes the composition in Greek verses, which have been preserved by Galen, (De Composit. Medicam. Local, l.ix. de Sedantibus.) "Take (says Philo) as many drams as man has senses of the red and odorous hairs of the child whose blood is yet spread in the fields of mercury, (crows killed by mercury in playing at the Discus;) a drachm of Euboci Nauplium, (the plant of the fire designated under the name of Nauplius, who lighted large fires on the coasts of Eubœa to deceive the Greeks on their return from Troy;) a drachm of the murderer of the son of Menoctius, (Euphorbus, who first wounded Patroclus;) add twenty grains of white flame (white pepper;) an equal weight of the beans of the hogs of Arcadia, (hyoscyamus signifies in Greek, hog-beans; the boar of Erymanthea, killed by Hercules, had been fed in Arcadia;) an equal quantity of the plant, falsely called root, brought from the country renowned on account of Jupiter Pisseau, (spikenard came from the Isle of Crete;) write pium, and add to the head of this word the masculine article of the Greeks *(o)*; take twice five drachms, and mix the whole carefully with the work of the daughters of the Bull of Athens (bees)." Thus, in plain terms, this mystic recipe is simply to take certain quantities of saffron, the root of the pyrethrum, (pellitory of Spain,) euphorbium, white pepper, henbane, spikenard, and opium, and mix the whole with attic honey. This remedy, according to the author, cured the colic, pains of the liver, pains of the stone and bladder, disorders of the spleen, difficulty of breathing, convulsions, ethisia, pleurisy, spitting and vomiting of blood, all internal pains, coughs, hiccough, &c. &c. &c. It may easily be conceived, that, to inspire the belief of the efficacy of this remedy in all these disorders, it was necessary not to make it too public.

Rheumatism and Rheumatic Gout.—Light infusions of ginger alone, taken twice or thrice a day, has been found very efficacious by the French surgeons in rheumatic affections. The pains are rendered at first more excruciating; then follows copious perspiration;

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ration; and, in two or three days, the symptoms gradually disappear, and the patient is cured, or at least relieved for a period.

Necessity of Food containing Azote for the Nourishment of Animals.—It is a commonly received opinion that sugar, gum, oil, butter, and some other similar bodies, which contain no azote, constitute very nourishing articles of food. This opinion has been put to the test of experiment by M. MAJENDIE. A dog was fed upon sugar and distilled water. He eat his food readily, and for some time retained his health and usual liveliness. But in about a fortnight became lean, though his appetite continued good. His alvine excretions were scanty, but his urine was abundant. On the twenty-first day an ulcer began to appear in the centre of the cornea of each eye, which gradually increased, penetrated the cornea, and the humours of the eye ran out. The leanness continually increased, the animal lost its strength, and died on the thirty-second day. The dead body was found destitute of fat, and the muscles deprived of five-sixths of their usual volume. The urine was alkaline, and destitute of uric acid, like that of herbivorous animals. The bile also contained much picromel, like that of oxen. A second and a third dog, fed likewise upon sugar and water, shared a similar fate.

Two dogs fed upon olive oil and water died on the thirty-sixth day, with precisely the same phenomena, except the ulceration in the cornea, which did not take place.

Several dogs were fed with gum and water. Their fate was precisely the same.

A dog fed on butter died on the thirty-sixth day, with precisely the same phenomena; though, on the thirty-fourth, flesh was given him, and he was allowed to eat of it at pleasure. In him, the ulceration in the cornea showed itself.

From these curious experiments of M. Magendie, it is obvious that none of these articles are capable of nourishing dogs. Hence we may infer, with the greatest probability, that they are incapable of nourishing man. (Ann. de Chim. et Phys. iii. 66.)

Discovery of the Existence of Cobalt in Meteoric Iron.—The existence of nickel and chromium in meteoric stones has long been known; and an experiment of Klaproth (Beitrage, vi. 297) leads to the suspicion of the existence of cobalt in the same minerals. The existence of cobalt in the meteoric iron from the Cape of Good Hope has been ascertained by Professor Stromeyer, who lately analysed a specimen of it sent him by Mr. Sowerby. He was unable to detect cobalt in the meteoric iron from Siberia and Bohemia; but he considers the methods at present used to separate cobalt from nickel as bad, and he has not yet discovered a better.

Death of Klaproth.—On January 1, 1817, MARTIN HENRY VON KLAPROTH, Professor of Chemistry at Berlin, and by far the most

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most celebrated chemist in Germany, died at a very advanced age. He has been a distinguished writer for at least forty years; for he published a set of chemical experiments on Copal in the year 1776. Chemistry lies under greater obligations to him than to any other chemist of his time. He devoted himself entirely to analytical chemistry; and to him we are chiefly indebted for the knowledge which we at present possess of the mineral kingdom, and for the formulas employed to develope the constituents of minerals. His labours are consigned in six octavo volumes, under the title of Beitrage zur chemischen Kenntniss der Mineralkorper, the first volume of which was published in 1795, and the last in 1815. He was the discoverer of uranium, and he confirmed and completed the discovery of tellurium and titanium. He likewise discovered zirconia and mellitic acid.

Observations on an extraordinary Chronic Hydrocephalus; by Dr. MONTAIN, of Lyons.—The chronic hydrocephalus consists in the accumulation of a greater or less quantity of water in the interior of the cranium, as the etymology of the word from ὑδωρ and κεφαλη denotes. This disorder must not be confounded with that which has improperly been denominated Acute Hydrocephalus, which is only a phlegmosis of the brain, or its membranes, accompanied generally by a greater exhalation of serosity.

The hydrocephalus which really merits the name, accompanies the infant into the world, or developes itself in the first stages of infancy, the disorder is always mortal, and rarely permits the infant to survive the first months or years of existence; the cranium acquires by degrees a considerable size; the face, which does not partake of this development, assumes a singular character, and often imposes on credulous minds, who fancy they discover in this singular conformation traces of the resemblance of different animals,—whence a new source of the belief in monstrosities.

The hydrocephalus which forms the subject of the present observation, is of a young girl, ætat. 19. She was born in the hospital of the Charity at Lyons: it appears that she brought into the world the seeds of this disorder, which progressively developed itself to the present time, when it has acquired an extraordinary magnitude. The following is a faithful physical and moral portrait of this girl.

She is rather below the middle size; her eyes are animated and well placed, but rather too far distant; she is fresh coloured; her features are regular, and her physiognomy does not present the singular and repulsive aspect of others afflicted with this disorder, it harmonizes with the development of the cranium; her head shakes as in old age, which is owing to its weight; the dimensions of the head are as follow:—

The circumference in the line which passes by the eye-brows, the temples, and the occiput, is two feet eight inches; the demi-circumference from the lower part of the occiput to the nose, is one

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one foot six inches; the demi-circumference from the apophysis mastoides to the opposite one, nearly two feet.

The cranium is solid, and offers no marks of fontenelle or suture, as is usually discovered in such patients.

Her mind and disposition do not appear to be altered by this infirmity; she is pretty intelligent, has a good memory, her judgment correct, and her replies even witty. Her mind has not been much cultivated, the mode of instruction hitherto adopted towards orphans being very confined, but she reads tolerably well.

I insist the more on this degree of intelligence and instruction, as I know no other example of a person afflicted with this disorder of her age, who presents such a phenomenon, as the greater part of children so afflicted are in a greater or less state of idiotcy.

The health of this girl is at present good; she is often afflicted with cephalalgia; her menses are perfectly established. I have attended her since the age of fourteen. She has successively had the itch, an inflammatory and an adynamic fever, which have all terminated happily.

M. Roux, surgeon-in-chief, adjunct at La Charité of Paris, and M. Delpech, professor at Montpellier, have examined, with great care and curiosity, this phenomena, in their passage through Lyons.

CLAUDIUS MONTAIN.

Employment of the Extract of Nux Vomica in Cases of Paralysis.—At each sitting of the Faculty of Medicine at Paris, new facts are stated as to the effects of this popular medicine in cases of paralysis. In the sittings of the 27th of February, Dr. *** related what was conceived an astonishing circumstance, that he had administered to two women in his hospital as much as fifty grains each per diem. At the sittings of the 6th instant (March), he publicly begged to correct his assertion, as the women, he said, had deceived him; they confessed, that they were not such fools as to swallow all the things the doctor ordered, and, as soon as the religieuse who administered the pills had turned her back, they were in the habit of spitting them out; so that, the doctor said, instead of fifty grains per diem, he could not say, with any degree of certitude, that the women had taken more than from twenty to twenty-two grains each per diem. He caused the extract to be administered in a lavement, which had, as usual, produced beneficial effects in restoring to paralysed members their natural action; but, it must be carefully inculcated, that, in the administration of this powerful medicine, it must be suspended the instant it produces spasmodic affections.

Singular Example of Lameness cured by a Fracture.—A Roman was threatened with suffocation from matter formed in the breast. In despair, he sought death in battle; the wound of a lance opened the abscess, and the wound, which was thought mortal, saved his life. An accident produced a cervical luxation in a person, and his head was constantly turned on one side; another ac-

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cident turning it violently the other way re-established it in its natural position. C*** had his leg fractured; he was attended by N***; the accident left a frightful deformity; the bones were already united, when, having a frightful dream, he leaped out of bed and broke the leg anew in the same place; he took care not to send for N***; another surgeon reduced the fracture properly, and left no trace of the deformity. These are circumstances in which accidents have been favourable; doubtless, many more might be quoted. The following will show how they may, in certain cases, be profited by.

A man of the name of Bernard had his thigh broken at the age of twenty; it was shortened nearly three inches, and he halted considerably. At the age of sixty, he had the other thigh fractured, it was reduced, and the thigh re-established in its natural length. A fortnight afterwards, he was brought to my hospital. At first, I thought it was the other thigh that was fractured, on account of its being so much shorter; having examined the new fracture, I resolved on separating the fragments anew, and I shortened this thigh three inches. The man was perfectly cured, and his inferior members were become equal, so that the man, until twenty, walked straight, and was five feet six inches high until the age of twenty; he halted for the next forty years; and, in the decine of life, he walked perfectly straight, with the loss only of three inches of his height.

CL. MONTAIN,
Chirurgien en Chef de l'Hospice de la Charité de Lyon.

Sea Water rendered Potable.—This grand desideratum seems at length to be, in a great measure, attained by simple distillation. The French chemists have been unable to discover, in distilled sea water, any particle of salt or soda in any form; and, it is ascertained, that one cask of coals will serve to distil six casks of water. This is highly important. A vessel going on a voyage of discovery by order of the French government, commanded by the celebrated navigator, M. Freycinet, will only take fresh water for the first fortnight; but, instead thereof, coals, which will be only one-sixth of the tonnage; the distilled sea water being found perfectly as good as fresh water that has been a fortnight on board.

Note on a General Transposition of the Viscera, observed by M. BECLARD.—A case of general transposition of the thoracic and abdominal viscera has been found at the laboratories of the faculty of medicine, in the body of a woman of about fifty, who died of a pulmonary affection. In this subject, the point of the heart corresponded with the interval of the sixth and seventh true ribs on the right side, the liver was lodged in the left hypochondria; the spleen in the right ditto; the stomach had its pyloric orifice pointed to the left, and its large extremity to the right. In short, there existed a general transposition of the viscera from right to left, and *vice versâ*.

M. Sabatier, in a memoir read to the Academy of Sciences, has remarked, that, in nearly all individuals, the vertebral column presents

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sents in the dorsal portion a lateral inflexion or curvature, of which the concavity is to the left, and the convexity of course to the right. This illustrious anatomist had also remarked, that the greater part of those who are hunchbacked, have it to the right. He thought he had discovered, that these two effects depended on the presence of the crosse of the arterial aorta on the left upper part of the dorsal column; he thought that this vessel, by its continual beating, determined the displacing of the vertebræ.

Some anatomists, and, in particular, Bichat, doubted the correctness of this explanation, they thought that the curvature in question of the spine, depended rather on the more frequent use that we are in the habit of making of the right arm; they asserted even, that, in left-handed subjects, this curvature was reversed. A general transposition of the viscera was very proper to terminate this discussion, for, the *crosse* being found on the right of the vertebral column, it is evident that, if the curvature depended on its presence, it ought to be the reverse of what it ordinarily is.

Exactly the opposite of this is the case. M. Beclard, who has had several occasions of witnessing similar transpositions, as well in corpses as in living bodies, has always remarked, that the curvature of the spine remained the same, if the individual availed himself generally of the use of the right arm.

In the present case, this disposition is proved anew; the right arm was stronger and more muscular than the left, consequently there is every reason to believe, that the woman was right-handed. In her the vertebral column was curved in the ordinary way.

M. Beclard, having compared the cases of general transposition with the dispositions presented by deformed hunchbacked or lame persons, has deduced from his observations the following consequences:—

First, There are primitive malconformations. Secondly, The lateral transposition is perfectly compatible with a state of health. Thirdly, Account must be taken of this transposition in the diagnostics of acute disorders. Fourthly, That it exists probably in the ratio of 1 to 6000. Fifthly, That the ordinary predominancy of the action, and the nutrition of the right arm, does not depend on its receiving the blood more directly from the heart than the left arm. Sixthly, That the lateral curvature of the vertebral column does not depend on the presence of the *crosse* [bend] of the aorta, as M. Sabatier believed, but on the predominance of action and nutrition of the right arm. Seventhly, That the frequent curvature to the right in hunchbacks, and the accidental elevation of one shoulder, depend on the same cause, or on the irregularity of the length of the inferior members.

We may add to these judicious reflections, that not only it is not necessary to force children to use their right hand in preference to the left; but more, that it is dangerous to do it, because it may contribute to destroy the rectitude of the vertebral column; and that it is very important to forbid the use of the right hand to children whose spine begins to deviate from its proper form.

*** We

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*** We have already given a brief notice of the above transposition from the notes of our correspondent, when the subject was exhibited, the physiological and pathological observations contained in the preceding note have induced us to give it to our readers. [The last-mentioned paper has not reached us.]

On Tuesday, the 11th, Dr. SPURZHEIM gave his introductory Lecture. It was painful to hear him introduce the subject of the treatment he has received from some of our Reviewers in Great Britain. It, however, served as an opportunity of illustrating his design, by contrasting it with the opinions they have foisted upon him. He began by admitting that we know nothing of mind but by its effects, any more than of matter but by its properties. That, though he undertook to shew, by certain marks, the dispositions of certain individuals, yet, this by no means proved what their actions would be. That most men have certain propensities, no one can question, or that these propensities may be resisted. If we may believe the history of Socrates, certain propensities were manifested in the countenance, yet in him they were resisted by philosophy. That they may be resisted by religion, we have daily proofs, from the altered characters of certain individuals. It should be recollected, too, that, in the same individual, we find dispositions, as we should previously conceive, totally inconsistent with each other. This has been beautifully attended to by our best poets, and is universally remarked, by those who have studied the human character, and what most men will discover, if they attentively examine themselves. This can only arise from a variety of propensities; and whether these are manifested by any particular marks, remains to be proved. That nothing of the kind has been hitherto discovered may be easily accounted for, because the inquiry has not hitherto been undertaken. We have, as Dr. Spurzheim observed, been more attentive to other animals than to man. Even in our examinations of these, we have lately been more attentive to classification than to the minute examination of their habits, and to any peculiarities of structure with which those habits are attended, in different species of the same genera.

In proof of the greater attention to the brain which Gall and the lecturer had paid, he produced the figure of a hydrocephalic subject, whose head measured thirty-three inches. Yet this subject retained her senses, her affections, and a degree of rationality. All this is now explained, by showing that the brain is not absorbed, as is usually supposed; but that its fibres are extended horizontally, instead of shooting in the perpendicular or vertical direction. Some casts of the craniums of idiots were produced, which were particularly small, and in which the surface was so smooth as to show nothing of that character which may be distinguished in the skulls of other men.

To show how accurately these subjects were marked by the ancient sculptors, a cast of the anterior part of the head of Socrates, and another of Jupiter, was produced, from poetical fiction, or philosophical

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philosophical observation. The forehead of the *pater hominumque Deumque* was peculiarly spacious.

The cerebellum, which these philosophers consider the organ of physical love, he shows, in all animals, is largest in the male. In the human there is some variety, but the general analogy is the same. The organ which marks the love of offspring, on the contrary, is largest in the female, excepting in those animals who take a joint interest in the care of their offspring. In these it is similar. In the human, the variations are similar to those of the former manifestation. He dwelt, with much propriety, of the difference between those organs; the manifestations were well ascertained, and such as required further experience. His class is respectable, especially when we consider that his intentions were not generally known. The attention paid him was still more honourable, so that we have great reason to hope the London as well as the Edinburgh scholars will maintain their credit, in their treatment of a foreigner whom their writers have endeavoured to stifle as soon as he appeared.

The demonstrations of the recent brain were made at the Theatre in St. Bartholomew's. Dr. S. having fortunately procured the contents of two different crania, was enabled to show the difference of various parts, and the comparative magnitudes of each. In one the cerebellum was largest, and in that the pons also. In the other the lobes were largest. The brown matter in the pons varolii and its fibrous structure, with the dissection of the fibres, in the manner pointed out by Gall and himself, were satisfactorily demonstrated. The *crura* of the brain were exhibited as they enter the lobes, with their gradual increase, and the part at which they assume brown matter, with the gradual increase of each, and their progressing fibrous form, to the extremities of the convolutions. The progress of the optic nerve was traced, and shown to be different from the common opinion as to the thalami. The connexion of the parts of the brain was exhibited, and an explanation of the manner in which the various organs are detected on the surface, which is somewhat similar to the expansion of the optic nerve on the retina, the auditory on the bones of the ear, the gustatory on the mouth, and the olfactory on the nose. By diverging and converging fibres, Dr. S. understands, 1st, such fibres as communicate with the medulla oblongata; and 2dly, such as unite the various parts of the brain. The delicacy of the examination, and the novelty of the subject, added to the number of his hearers, to all of whom he thought it right to give an accurate demonstration, prevented his completing the subject in the two demonstrations he has given. We shall attempt to follow him in our next.

Hitherto Dr. Spurzheim has maintained his ground in the examination of the brain so much to the satisfaction of his hearers, that we trust, in London, as in Edinburgh, the character of the nation will be maintained by the public voice, if sullied by its popular writers.

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On the 8th of March, the Medical Society of London celebrated their 44th anniversary, which was very respectably attended. The scrutators reported that the election for officers and council had fallen upon the following gentlemen, viz.

President—Dr. Walshman.

Vice Presidents—Dr. Temple, Dr. Merriman, John Abernethy, Esq. George Young, Esq.

Treasurer—John Andree, Esq.

Librarian—Dr. Hancock.

Secretary—Henry Blegborough, Esq.

Registrar—Thomas J. Pettigrew, Esq.

Orator for 1818—Dr. Uwins.

Council—Drs. Adams, Babington, Clutterbuck, Hamilton, Laird, Pinckard, Uwins; Messrs. Norris, E. Leese, B. Atkinson, T. J. Pettigrew, Mathias, J. Taunton, Damant, Bartlett, Johnston, Sutliffe, Stevenson, E. Austin, Edwards, Hooper, Beveridge, Wachsel, Heath, Vauce, Whateley, R. Adams, R. James, H. C. Field.

The report of the finances, and improvement in the library, was very favorable. The second part of the first volume of the Transactions of the Society was announced as ready to be delivered to the Fellows.

A curious optical phenomenon has appeared at Liverpool. As the subject is under strict inquiry, we forbear to say more till properly authorised.

Dr. Adams is informed that there is some error in the account of the establishment of the Veterinary College, as stated in his Life of Hunter. He will be thankful for any information on the subject which will enable him to correct such error.

Dr. Merriman and Dr. Ley will re-commence their Lectures on Midwifery, and the Diseases of Women and Children, at the Middlesex Hospital, on Monday, April 21st, at half-past ten o'clock.

Mr. Curtis, Aurist to his Royal Highness the Prince Regent, and Surgeon to the Royal Dispensary for the Diseases of the Ear, will commence his next Course of Lectures on the Anatomy, Physiology, and Pathology of the Ear, on Thursday, the 17th of April, at seven o'clock in the evening, at his house, No. 18, Soho-square.

Sir William Adams is about to publish, A practical Enquiry into the Causes of the frequent Failure of the Operations of Extracting and Depressing the Cataract, and the Description of a new and improved Series of Operations, by the practice of which most of these causes of failure may be avoided.

A new edition of Dr. Thomson's System of Chemistry is in the press, and will speedily be published. The work will be entirely re-modelled, and will be comprised in four octavo volumes.

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Mr. JOHN BELL has a new work in the press, in one vol. royal octavo, entitled, the Consulting Surgeon, which is nearly ready for publication.

Speedily will be published, A Medico-Chirurgical and Biographical Chart of Medical Science, from Hippocrates to the present time, exhibiting, in a condensed form, the progress and present state of that science; with short Biographical Notices of the most eminent Authors, in this and other countries, who have contributed to enhance our stock of Medical Knowledge.

In a few days will be published, the Cottager's Companion, intended to instruct the labouring Poor in the Art of Cottage Gardening; to which is added, a Description of upwards of 50 Wild Plants that are useful for Food, being one of the objects of the Œconomic Institution; by W. SALISBURY, Author of the Botanist's Companion, Hints to the Proprietors of Orchards, &c.

REPORT OF DISEASES.

NOTHING particular has occurred during the current month, but a continuance of catarrh and other inflammatory diseases. The spring, though sickly, has been much less so than usual. Even the sudden setting in of cold frosty weather, after a mild winter, has produced effects as temporary as the change itself.

Children, however, have suffered very seriously. Acute hydrocephalus, (as it is called,) or inflammation of the brain, has been very frequent and very fatal. It is difficult to ascertain why the same remedies should not always be successful; and still more difficult to determine whether a physician's directions are always followed with the same attention. But, in cases where the Reporter has had every reason to believe his directions have been attended to, and where he has had certain proofs that the expected evacuations have followed the application of his remedies, he has found all his endeavours ineffectual; whilst in most others, apparently similar, a similar treatment has been followed with the most flattering success. The plan has been cupping, leaching, and strong doses of the submuriate of mercury. Two or three interesting cases have occurred in the latter part of the month, the issue of which will be given in our next Number.

A remarkable case of plethora occurred in a young adult. He was for some days threatened with apoplexy, and cupped. The symptoms returned, when, on a sudden, he was seized with the most violent symptoms of Tracheitis, during which he was unable to articulate, though capable of expressing his wishes in writing. By copious bleeding, instantly used, and other evacuations, he recovered.

CATALOGUE

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CATALOGUE OF MEDICAL BOOKS.

Observations on the Gout and Acute Rheumatism. By C. Wilson, M.D. &c. 2d edition; small 8vo.

A Descriptive Catalogue of recent Shells, arranged according to the Linnæan Method. By Lewis Weston Dillern, F.R.S. &c. 2 vols. 8vo.

Outlines of Geology, the Substance of a Course of Lectures delivered in the Theatre of the Royal Institution. By William Thomas Brande. 8vo.

Cursory Remarks on a Bill now in the House of Peers "For Regulating of Mad-houses;" its probable Influence upon the Physical and Moral Condition of the Insane, and upon the Interests of those concerned in their Care and Management. By George Man Burrows, M.D. F.L.S. &c.

FOREIGN BOOKS LATELY PUBLISHED.

De Duplicitate Monstrosa Commentarius, quem Conscripsit Joannes Fredericus Meckel, Med. Utriusq. Dr. Anatomial Zoologiæ et Physiologiæ, Prof. P. O. Societat. Complur. Doctur. Socius. Ordinis Wladimiriani Eques. Acad. Tabul. acnea VIII.

The Disorders of the Heart, systematically arranged and elucidated by Observation. By Dr. F. L. Kreysig, Physician and Aulic Counsellor to his Majesty the King of Saxony. The Second Part of the Second Volume.

Elements of Pharmaceutical Chemistry, for the Use of Physicians and Apothecaries. By Dr. J. W. Döbereiner, Prof. of Chemistry, Pharmacy, and Technology, in the University of Jena, &c.

On the Advantages to be derived from the Russian Vapour Baths and Sweating Baths, and on their Construction. By Dr. Ch. Fred. Hirsch, Royal Bavarian Medicinal Counsellor, &c.

Chemical Analysis of the Sulphureous Well of Gun Sherbad, near Sondershausen, with its Description in Topographical, Economical, and Medical Respect; with an Appendix, containing the Chemical Analysis of the Muriatic Wells at Stockhawen. By Chr. Fr. Bucholy, Doctor of Pharmacy and Philosophy, and Prof. at Erfurt, &c.

NOTICES TO CORRESPONDENTS.

In conformity with Mr. Ward's *earnest wishes, from the best of motives, we have inserted his paper this month; but, in order to find room, have been obliged to shorten it, trusting to his candour for our excuse.*

Several favours from Correspondents will appear in our next.

ERRATA.

Page 182, l. 17, read *fist* for *feet*.—Ditto, l. 9, *more* for *mere*.

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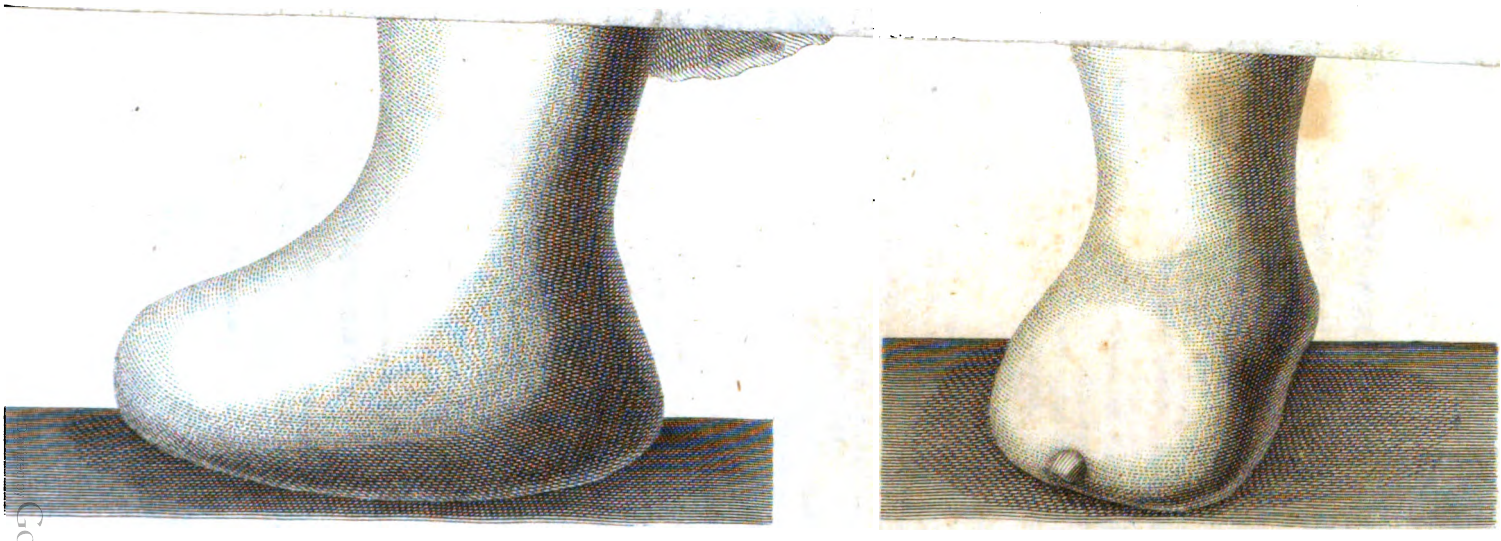

London Medical and Physical Journal.

Published by J. Souter, No 1 Paternoster Row, May 1 1817

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THE LONDON

Medical and Physical Journal.

5 OF VOL. XXXVII.] MAY, 1817. [NO. 219.

" For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly Journals; and there never existed any work to which the Faculty in EUROPE and AMERICA were under deeper obligations than to the Medical and Physical Journal of London, now forming a long, but an invaluable, series."—RUSH.

For the London Medical and Physical Journal.

Case of Amputation at the Instep, continued from Page 359, (with an Engraving.) By JOHN C. YEATMAN, Esq. Member of the Royal College of Surgeons, &c.

MOST hospital-surgeons have removed portions, and even one or two entire bones of the metatarsus, under circumstances of injury or of disease; but Chopart and Villeorne, and Hey of Leeds, are, I believe, the only surgeons who have recorded cases in which complete amputation at the instep has been performed; and, as those gentlemen have been successful in their operations, it is to be hoped they will be followed by others.

I am indebted to Amicus, in your last Number, for informing me, that Mr. Hey had amputated at the instep: it may appear strange, that I was not aware of the fact; but, having been from England for some years lately, I had no means of seeing Mr. H.'s excellent Practical Observations in Surgery. On referring to that work, it would seem, that the author was totally unacquainted with M. Chopart's operation, first published in 1792, five years before Mr. H. amputated at the instep; so that the latter gentleman may be considered also original in this improvement.

Having already described the operation in the case of Sarah Slade, and the quarter-boot which she has worn with so much advantage, I have now only to add the few following remarks.

The length of the foot from the heel to the root of the little toe was three inches and three-quarters,—only three-fourths of an inch more than from the heel to the stump.

The mark on the stump is intended to show the small cicatrix over the os cuboides, or, to be exact, I would rather say, over the junction of the cuboid and external cuneiform bone, at which joint the ligature passed out.

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The fulness visible in the sole of the foot was prior to the operation, and occasioned by the throwing out of coagulated lymph during a more than sufficient effort in the reproduction of parts subsequent to sloughing.

It may be observed, that, although the line of separation between the dead and living parts prevented my leaving as much flap in the operation as in Mary Stansfield's case, (of which Mr. Hey has given an engraving,) yet enough was preserved to form a good cushion over the whole anterior surface of the tarsus; and it will, of course, be understood, that those granulations which were generated around the edges of the sore after sloughing were pared away, with the view to adhesion in the stump.

In performing this operation, I very much question whether it would not be better to retain the base and tuberosity of the metatarsal bone of the little toe, by applying the saw transversely two or three lines anterior to its articulation with the cuboid, as, besides preserving the lesser arch of the foot, and increasing the base of support to the inferior limb, the peroneus brevis and peroneus tertius of Albinus would not be set at liberty,—an objection which does not apply to either of the other ossa metatarsa; for, with the exception of the adductor pollicis, those muscles that are inserted into their posterior extremities are likewise attached to the tarsal bones. The operator also would be spared the trouble of dissecting it from its strong attachments and angular conjunction with the os cuboides.

Fronne.

For the London Medical and Physical Journal.

Case of Cancer, illustrative of the Treatment by Pressure; by George T. Dunning, Esq. Surgeon. Communicated by William Woollcombe, M.D.

MRS. FOOT, ætat. 59, consulted us early in January 1816, for a tumor in her left breast. She was a very tall and large-boned woman; her hair light, and her complexion rather fair. Until the commencement of the disease in her breast, she had enjoyed uninterrupted good health, and her strength was greater than that of almost any other woman. We observed, however, on one side of her neck, near the angle of the jaw, some deep and extensive cicatrices,—the consequence, she was told, of glandular suppurations when about six years of age. She was the mother of several healthy children, all of whom she suckled, and her catamenia had left her between seven and eight years.

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About fourteen months before she applied to us, she discovered, for the first time, a hardness in her left breast, which was then attended with little or no pain. As it increased in size it became also more troublesome to her, and she had lately suffered the severest lancinating pains, darting backwards from the breast to the shoulder-blade, and occasionally down the arm. The tumor, when I first saw it, was about the size of a small egg, of a stony hardness and nodulated figure, and was imbedded in the glandular structure of the breast. The superficial veins of the breast were generally turgid, and the integument immediately covering the tumor (though there had never been a wound there) had the appearance of an old cicatrix. It had recently ulcerated in one point to about the extent of a kidney-bean, and the discharge from it, which was thin and in considerable quantity, was attended with that peculiarly offensive and characteristic fætor, which cannot, I believe, be mistaken. There was apparently no attachment of the tumor to the subjacent muscle, nor could we discover any glandular enlargement in the axilla, or any knottiness or trace of lymphatic disease between it and the breast; yet I may venture to assert, that every feature of this case was unequivocally that of the most decided and genuine scirrhus. Her bowels had for a long time been very irregular; her appetite bad; she was much emaciated; had a dry, short, and petulant cough, with night perspirations, and appeared to be decidedly hectical. Looking to the insulated state of the disease, and, at the same time, to the deranged action of the stomach and bowels, we flattered ourselves, that if, in a short time, by correcting this, we could improve a little her general health, we might then have recourse to the removal of the breast with some prospect of success. About the middle of February, though the ulcer had extended a good deal, and its surface was very foul and sloughy, yet, as we had succeeded in a great degree in our views relative to her general health, we were about to propose to her the operation. At this time, however, the perusal of Mr. Young's Treatise on Cancer hardly left us an alternative. We did not feel justified in withholding a trial of the novel and apparently successful mode of treatment, which, after considerable experience, he had recommended, and which was indeed exciting great interest every where among medical men.

February 18, 1816.—The ulcer being filled with finely powdered chalk, adhesive straps were applied over the tumor; next to these, several thick compresses of linen; and the whole was secured by a long flannel bandage, which was put on with considerable firmness. She spoke of little pain from

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it, and, on the whole, passed the three or four succeeding days with more comfort than usual. The lancinating pains returned occasionally, but with less frequency and violence.

22d.—The dressings were now removed for the first time. Neither the tumor or ulcer appeared to have undergone any material change. The sanious discharge was equally offensive and copious, her cough rather more troublesome. The dressings were replaced with an additional compress of linen, and, between the linen compresses, a piece of thin lead once or twice doubled.

25th.—She had felt little or no pain in the affected part since the application of the lead. On exposing the breast to-day, the whole volume of it seemed considerably reduced, the tumor was both smaller and flatter, the sanious discharge was less copious and considerably less offensive; the wound was more superficial, its edges excoriated, and its surface generally sloughy; but, on one side of it, we observed with great satisfaction a point or two of granulation. The excoriated parts being covered with gold-beater's skin, the compresses and lead were replaced, and the bandage applied with a degree of pressure that was almost extreme,—at least, we were much surprised that she could bear it. She was directed to take, every night, Hydrarg. Submur. gr. iſs. et Ext. Conii. grs. v.

March 2d.—The tumor was still lessening, the ulcer in one part filling up with florid healthy granulations, the discharge inconsiderable in quantity, and scarcely at all offensive. Her cough, however, having been more troublesome for the last day or two, Opii. gr. ſs. et Pulv. Scillæ. gr. i. were added to her night-pill, and she was ordered to take occasionally a spoonful of an emulsion with Tinct. Hyoscyami.

8th.—The breast had for several days been regularly mending, but to-day it took on again a much less favorable complexion. Its edges looked irritable and ragged, and many of the granulations had become absorbed. It should be remarked, that her cough, during the last day or two, harassed her exceedingly. Her gums having become a little sore, the calomel in the night-pill was omitted, and the opium increased to a full grain.

12th.—The breast appeared to-day at all points worse; the wound was both broader and deeper, its surface exceedingly foul, the discharge as offensive as ever, and the pain ntense. Such was the violence of her cough, and such necessarily the jerking motion of the chest in the act of coughing, that the breast, begirt as it was and compressed by the bandage and plates of lead, was literally in a state of almost constant percussion,—and to this circumstance we attributed,

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in a great degree, as also did our patient, the present unfavorable state of things. The bandage was now applied less tightly.

16th.—The breast would no longer bear even the gentlest pressure, so that we were compelled to lay aside our bandage, and to dress it simply with dry lint; it was also bathed often with a decoction of camomile flowers in milk. Her cough was incessant, she had sweat a good deal during the last few nights, and had lost all appetite.

21st.—The pain having materially abated, though still very considerable, and her cough being much relieved by a free expectoration of mucus, we were again induced to have recourse to gentle pressure. Linen compresses only were used, without the plates of lead; and, instead of filling the wound with chalk, as was done before, we dressed it simply with an ointment of Ung. Ceræ. et Pulv. Opii.

28th.—Her cough having been much relieved during the last three or four days, and the pain so slight as to admit the application of firm pressure to the breast, every thing again looked well. The process of granulation was again advancing rapidly; there was scarcely any remaining hardness of the breast; and the discharge, which was almost intolerable from its fœtor, had now become a bland "laudable pus." Dr. Woollcombe, who, I regret, did not see her when the disease was at its worst, visited her with us this day, and was equally surprised and pleased, on learning from us the preceding circumstances of the case, at the present very favorable and promising state of it. Indeed, the conversion of a foul ulcerated scirrhus, by pressure only, into an apparently simple and granulating sore, would have been so much a matter of astonishment to ourselves, (if we had not been prepared to expect it by Mr. Young's pamphlet,) that, even with the fact before us, we should have almost doubted its reality.

April 6th.—The breast since the last report has been regularly progressive, but her cough was somewhat worse, in consequence, it would seem, of exposure to a severe easterly wind, which prevailed here about this time, occasioning much pneumonic disease. She was now desired, if possible, to do without her anodyne; her bowels, which from the commencement of our treatment had uniformly been kept lax, by an occasional dose of Epsom salts, or some other mild aperient, were now more actively opened, and a large blister applied between her shoulders.

10th.—Dr. Woollcombe saw her again this day, and was again much pleased with the progressive improvement of the breast since his former visit. There now remained no hardness of it, and the sore was not more than one-third its size when

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when we first applied the pressure. Her cough, however, though relieved by the blister, was still so exceedingly troublesome as to lead to an apprehension in Dr. W.'s mind, as well as in our own, that much serious mischief might be going on in the lungs. With this view, Dr. W. proposed that a seton should be made between her shoulders; but she could not be prevailed on to submit to it.

12th.—In consequence of our patient having incautiously ventured out of doors, (the cold easterly wind still prevailing,) we found her to-day laboring under complete pneumonia; the ultimate event of which, under the circumstances which have been already related, may be readily anticipated, and described therefore in a few words. Though the lancet was immediately used; though she was thrice bled as copiously as the state of her constitution would admit; though large blisters were applied to her chest, and the antiphlogistic and other means employed, which the nature of the case would suggest; the lungs could not be prevented from going into abscess. She fell irrecoverably into confirmed phthisis, under which she lingered till the beginning of June. Such was the extreme dyspnœa from the first attack of inflammation to her death, that the bandage, from its limiting the respiratory movements of the chest, was almost insupportable. In consequence of its being laid aside, and no doubt too of the general decay of the system, the reparative process which had been going on in the breast necessarily ceased. The wound soon became foul and ill-conditioned, without however making, I believe, any approach to the cancerous character, which had been so strongly and decidedly marked before the employment of the pressure.

Few surgeons would hesitate to place the preceding case in the scale of favourable reports; for, reviewing it in connexion with those brought forward by Mr. Young, in his late valuable work on Cancer, it cannot be denied, that pressure has a great controling influence over the cancerous principle; nor would it, I conceive, be a violence to probability to admit, that, if pneumonia had not supervened, and there had been less too of previous constitutional affection, the local disease might have been in this instance wholly and permanently removed. If, however, it should be determined by future experience, that we cannot always, by regulated pressure, supersede the action of cancer, we shall be able probably, in a large proportion of cases, to convert, or, if I may be allowed the expression, to bring it back to a suppurating point, and keep it there for a considerable time. Admitting the power of effecting this very important change, there is reasonable ground for hope that the surrounding healthy

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healthy parts, after the free removal of the breast under this state of things, will be much less liable to take on the late long-associated diseased action, than if the removal had taken place when that action existed in full force. It is obvious too, and not unimportant, that, while the cancerous action is thus suspended, general remedies may be employed, if the constitution requires them, for placing it in circumstances still more favorable for the operation. Such an opinion is unquestionably countenanced by some seeming analogies in the practice of surgery. Has it not hitherto been a maxim, when a lower extremity, for example, is in a state of sphacelus, to wait until the line of separation has taken place, or, in other words, until the action of sphacelus is arrested, before having recourse to amputation; and, where this rule has not been observed, has not the stump for the most part taken on the same diseased action which led to the removal of the limb? Analogies like these might, I believe, be multiplied; but the frequent recurrence of this afflicting disease after the operation, as it has been hitherto performed, will dispose medical men to pay the readiest attention even to a hint casually thrown out, which it is possible may ultimately lead to more successful results. After all, it would be uncandid and unprofessional were I to close this case without observing, that a question often arose in my mind, during the course of it—and it is a question, I believe, that will arise in the mind of every one who reads it—whether the quick absorption of so large a mass of diseased gland can be effected, (every particle of which, we have always thought, contained in it the leaven of the most destructive and malignant principle which the human body is capable of generating,) and the materies morbi carried off through the common emunctories of the body, without falling, in its passage through the system, on the lungs,* or liver, or stomach, or other parts more immediately vital than that from which it has been brought, and thus hasten, rather than retard, the fatal termination of this dreadful disease. Those who incline to the unfavorable side of the question, will refer the sudden increase of pulmonary affection in our late patient, and, it will follow, the acceleration of her death too,

* It is almost needless to observe, that, in the latter stages probably of most cases of cancer, when the vis medicatrix has ceased to oppose any longer the progress of it into the system, these viscera have been found studded with scirrhus tubercles. Many preparations of these are preserved in almost every collection of morbid anatomy. We regretted extremely that we could not obtain leave to ascertain the state of these viscera in our patient.

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more readily to the effects of absorbed disease, than of exposure to easterly winds, or to any other cause. But, on the other hand, it may not be improbable that the specific action or properties of cancerous virus may, by the agency of pressure, be at least much changed, if it be not destroyed, before such rapid absorption as we have just seen can take place; and, therefore, if happily it should hereafter be ascertained, that pressure is capable of producing effects like these, it may be presumed, that *(materie morbi mutatâ)* the quick and large absorption of it, under the substitution of a seton or issue some where, at the same time will be harmless, both in its immediate and remote effects on the constitution. That the cancerous principle in its unchanged state is not readily absorbable into the system, seems to be undeniably proved by the not infrequent instances of ulcerated scirrhus continuing for many months, now and then for some years, without producing any material constitutional derangement, or even extending to a great degree its local effects. And, indeed, a very few cases would warrant almost a belief, that these destroy at last more by profuse hæmorrhages and the effects of local ravages, than directly from a translation of the morbific principle into the constitution.

Mr. Young is much entitled to the thanks of society; he has called the attention of the medical world to new and important views of the most afflicting disease to which the human body is exposed.

Plymouth Dock; March 21, 1817.

For the London Medical and Physical Journal.

Remarks on Climate, and on Consumption; by Isaac Buxton, M. D.

SOME of your readers may recollect, that, several months ago, a controversy was carried on, in your Journal, between Dr. Sutton and myself, respecting the influence of climate on consumptive diseases. This was commenced by Dr. S. and afterwards discontinued by his desire. He has again commenced it, by endeavouring, in your Number for February, to overthrow positions, which, to say the least, I had rendered highly probable. Had he given the army-statements simply as he received them from Sir James M'Grigor, I should have taken no notice of the communication: but, when he accompanies those statements with remarks, which evidently are intended to diminish the force of the evidence I formerly brought forward, I should appeal to

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to acquiesce in his conclusions were I to remain silent. As it is now nearly two years since this controversy was begun, it will be proper to remind your readers that the positions I advanced were,—1, that asthma and consumption are very rare in hot climates; 2, that asthma is rare, but consumption not unfrequent, in mild climates; 3, that they are both very prevalent in this country, the climate of which is cold and variable; 4, that in this country they are more frequent in winter than in summer; 5, that they have often been cured or relieved by the assistance of a high temperature (i. e. of about 65°) preserved in chambers during winter.

Of asthma, the term in common life generally employed to designate chronic catarrh or bronchitis chronica, Dr. Sutton has said nothing throughout the whole of what he has written; an indirect proof that he could not attempt to contradict my positions respecting this disorder.

Neither has he endeavoured to overthrow my assertion that rather more than one death in five in England is attributable to consumption.

In his late communication in your Journal for February, he says "that Malta has been mentioned as a climate in which consumption appears rarely. I, however, did not assent to this, from the circumstance of the disease having been observed to be common in Sicily."

Both Malta and Sicily are situated in the mild climate in which I have said that "consumption is not unfrequent." Dr. Sutton intends to convey the idea that consumption is more frequent in them than I allow: of course, that this disorder is nearly or quite as prevalent in them as in England. The opinion entertained by Dr. S. respecting Malta is no further entitled to respect than as it is supported by evidence, the doctor never having himself been in that island. Dr. Domeier, a German physician, who resided in Malta three years, wrote a small volume respecting that island, in which work he asserted that consumption was by no means so common there as in England. This Dr. Sutton has contradicted, and asserted that consumption is frequent there; not on the evidence of any person who had been in that island, but because, in Dr. S.'s opinion, Dr. Irvine affirmed consumption to be "common in Sicily." If Dr. Irvine had actually said this respecting Malta, the mind must still remain in doubt, as there would only be one evidence opposed to another. How much less can an inference be drawn respecting Malta, when Dr. Irvine's supposed assertion relates to another island! It is true, the two islands are near each other; but the circumstances in which they are placed are different. Malta is flat and dry, and its temperature very

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equable: Dr. Domeier asserts that he never saw snow there; in fact, that he had not known the thermometer to be lower than 51°. Sicily is mountainous, not unfrequently moist, the temperature irregular, and the falling of snow by no means an uncommon occurrence. Mr. Yeatman, in your Number for Nov. 1815, page 358, says, that "the climate of Sicily is subject to as frequent variations of temperature as that of England. I have often experienced the four seasons in Sicily in twenty-four hours." P. 359, he observes, that he "kept up a good fire from the middle of October to the latter end of December;" and yet "we found ourselves so chilly, even in the parlour, that we were often obliged to huddle on our great coats." To argue then that, because consumption is "common in Sicily," it must be frequent in Malta, is rather a strange mode of proof.

But, unfortunately for Dr. Sutton's opinion, consumption is not nearly so common in Sicily as in England. He has endeavoured to prove, by the authority of Dr. Irvine, the frequency of phthisis in that island. But I have shewn that, if the general tenor of Dr. I.'s book on the Diseases of Sicily is attended to, my opinions on this point, and not Dr. Sutton's, are evidently supported; and that Dr. S.'s supposed proof depends entirely on his separating particular passages; and, by detaching them from their situation, giving them a force, which, in their connexion, they do not possess. We have also other testimony besides that of Dr. Irvine. At page 359 of your Number for November 1815, Mr. Yeatman says, "As far as my observations went, that lamentable disease (consumption) was by no means so common in that island (Sicily) as in England. The symptoms of phthisis are oftener mitigated, and their deadly course oftener arrested, than in our own country." And, lower down, in the same page, he singles out one particular period when phthisis attacked some of the soldiers. When Sicily was threatened by Murat, they "were exposed to the vicissitudes of heat, and subjected to much corporeal fatigue and mental anxiety. Under these circumstances it was that several cases of phthisis occurred amongst our men towards the November and December of the same year; and, of these, a few recovered that would, in my apprehension, have died in England." Dr. Farrel, who was in Sicily many years, and of whose name Dr. Sutton, I believe, is not ignorant, says, in a letter to Dr. Forbes, of Argyll-street, that, "if one death in five be caused by consumption in England, I should suppose that not more than one in ten is produced by the same cause in Sicily." Mr. Pearse, of the Commercial Road, who was in Sicily a few years, has written to me, that he

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he thinks the deaths by consumption in that island are comparatively about half as numerous as in this country. The opinions of Mr. Yeatman, together with the ratio of Dr. Farrel and Mr. Pearse, of one death in ten by consumption in Sicily, while the deaths in England, by the same disease, are one in five, exactly correspond with my position "that consumption is not unfrequent in mild climates," but "very prevalent in this country;" and consequently it has not been "observed to be common in Sicily, and, *a fortiori*, not to be common in Malta.

Dr. Sutton observes, that he had been furnished by Sir James M'Grigor with the returns of deaths among the troops stationed in Malta and in Jamaica. By these it appears, that one death in five among the soldiers in Malta was occasioned by consumption; and, in Jamaica, one death in ten. This, he says, "is positive evidence on the subject, and shews the mortality by consumption in Malta to be great," and "cannot warrant the conclusion that," in Jamaica, "it is an unfrequent disease." These returns, at first sight, appear to favour Dr. Sutton's opinions; but, when more attentively considered, will, I think, be allowed to strengthen the positions I have advanced.

The great body of the soldiery is exactly of the consumptive age. All infantile diseases, and all diseases of old age, are unknown in the army. Hence some of the great sources of mortality do not appear in the returns from the troops; and, consequently, the diseases of the middle period of life exist in a very increased ratio. These opinions are supported by actual observation. The Philadelphia Bills of Mortality are drawn up with more accuracy than any others which I have seen. They are made out chiefly from the returns of medical men. The total number of deaths in the bill for the year 1815 is stated to have been 2040; of whom 347 died by consumption, which is nearly in the ratio of one in six. The number of persons who died between twenty and thirty years of age was 254, of whom 108 died by consumption, which is about one in two and a half. The number of deaths, by all diseases, occurring between ten and forty years of age, was 650; of whom the number of deaths by consumption was 237, equal to about one in three. The principal part of the army on service in foreign countries might be assumed to consist of persons between eighteen and thirty years of age; but, that I may include drummers and the older soldiers, I will allow them to consist of persons between ten and forty years old. In the Philadelphian Bill of Mortality we see that the proportion of deaths by consumption,

sumption, including all ages, is one in six; the proportion between ten and forty years of age one in three, which is double that of the total. Hence, if the returns of the army give one in five as the ratio of deaths by consumption in Malta, and one in ten as the ratio in Jamaica, this would make the ratio of deaths among persons of all ages one in ten in the former, and one in twenty in the latter, island. Such a proportion exactly accords with the opinions which Dr. Farrel and Mr. Pearse have given respecting Sicily, and very nearly with the result of the tables of mortality in Jamaica furnished by Lempriere; which tables formed a principal foundation, on which I built my assertion, that consumption was rare in hot climates. Probably we should not be very far from the truth, were we to assume the return from the army as our guide, and to say, in a general way, that one in ten dies by consumption in mild climates, and one in twenty in hot climates.

Before closing this paper, I beg to return my thanks to you, Sir, for pointing out to me a source of information respecting Madeira, which I had overlooked. The observations and opinions of such a man as Dr. Adams must always be acceptable to me; but cannot fail of being highly grateful, when they strengthen opinions which, from other sources, I had formed. I likewise request Mr. Yeatman to accept my grateful acknowledgments for the account of Sicily given by him in your Journal, not merely because his observations confirm my assertions, but because he has contributed to settle points under discussion, which only could be settled by the testimony of those who had been eye-witnesses of what occurred in the countries in question. There cannot be a doubt that there are, in this island, great numbers of gentlemen well qualified, by their opportunities and talents, to verify or to contradict opinions which have been maintained respecting different countries. It appears to me, that, were they to volunteer their services, by giving the result of their observations on the diseases of different countries, their labours would be highly acceptable to your readers, and useful to the profession.

New Broad-street;
March 31, 1817.

For

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For the London Medical and Physical Journal.

Account of a Cæsarean Operation through the Vagina, successfully performed; by M. GRIMME, Aulic Surgeon and Man-Midwife at Brunswig. Communicated by Dr. VON EMBDEN.

IN the night of the 22d of November, 1814, Mr. G. was called to assist the wife of a shoemaker of that place, the midwife having declared it impossible to deliver her. After several strange details the midwife gave of the case, as, for instance, that the whole uterus had prolapsed, that the os tincæ had totally disappeared, that absolutely no part of the child could be felt, and that the patient had felt labour-pains sixteen hours already, &c. Mr. G. proceeded to examine, and found the abdomen regularly shaped. The waters had not yet come away, and the movements of the child was plainly perceivable in the upper and right side of the uterus. The woman was twenty-nine years of age, of an ordinary size, and the pelvis well proportioned. On examining the pudenda, however, the left labium was found swelled as big as a man's head, the right being of the proper size. Irregular flaps, and pieces of flesh, made up the lesser labia; and the whole entrance of the vagina appeared lacerated, though not sore, all being healed, and shewing only that inflammation and suppuration had once existed in those parts. Of this Mr. G. afterwards actually convinced himself, being told, that, twelve years ago, after a lying-in in Swedish Pomerania, the patient had laboured a whole year under an affection of these parts, and had actually undergone surgical treatment. The clitoris appeared also lacerated, and in the vagina scars were plainly seen; so that there was every reason to suppose the womb at that time had participated in the inflammation and subsequent suppuration, and that the vaginal portion leading to it had been destroyed. A tumour was felt in the upper part of the vagina, occupying the whole upper pelvic aperture, the right vaginal portion lying extended before it, and feeling like an amnion ready to burst. Passing his finger a little beyond that vaulted swelling, backward and to the left, an aperture was discovered like a small grove: this could be nothing but the disfigured remains of an os tincæ. This little aperture had hitherto entirely escaped the observation of the midwife, as, during the frequent and violent pains, the examining finger could but with difficulty be carried thither, and during the intervals it could not be reached at all. In the front of the fundus vaginæ, several uneven spots

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were met with, very probably scars of healed-up lacerations and wounds: these uneven places were, however, removed, and felt quite smooth, by the protrusion of the large vaulted tumour containing the child, and the liquor amnii enveloping it. On that side, the examining fingers were daubed by streaks of blood issuing from that small aperture in the left fundus vaginæ, rendering it still more certain that the os tincæ was here situated, and that the tumour descending into the pelvis was formed by the upper portion of the vagina and the right lateral portion of the uterus, lying close to the os tincæ. Mr. G. directed the patient to assume a left lateral posture, and lifted the abdomen a little, pressing towards that side, without being, however, able to produce any alteration; each pain throwing the patient again on her back, the throes being so violent as to render the abdomen uncommonly hard, the face flushed and swelled, and the neck, with all its visible vessels, much distended.

The protruding of the external pudenda during each pain, the pretty plain protrusion of the child's head and of the liquor amnii into the middle aperture of the pelvis, yet without any visible possibility of the child being born that way, suggested to Mr. G. the making an incision into the fundus vaginæ, beginning from the little aperture mentioned before. In doing this, he thought himself the more justified, as, from a consideration of all circumstances taken together, there was no reason to suppose an extra-uterine fœtus.

Mr. G. wishing for some assistance, Dr. Sagehorn, formerly also in the habit of practising midwifery, was consulted; and Mr. G. himself being under the necessity of going for his instruments, brought with him M. Berger, Prosector at the Anatomical Theatre.

They assembled in about an hour, and found the patient's condition so changed, that the little grove on the left side of the vaulted protrusion of the vagina had become a triangular hole, each margin of which, perhaps, might have amounted to half an inch; and that more blood, of a bright colour, issued from the vagina. The labour-pains, the midwife reported, had, in the mean time, been very strong and violent. The patient was still suffering greatly. The pulse was full, hard, irregular, sometimes quick, at others slow; in short, her state was such as made speedy assistance absolutely necessary. Both practitioners agreeing with Mr. G. as to the method he proposed, and the chair of delivery at hand being too low for a couch, the patient's bed was adapted for the purpose.

In consequence of the severe pains, which now hardly ever ceased, the vaulted tumour kept descending lower down in

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the pelvis; the aperture on its left side became somewhat larger, in consequence of the laceration of the fibres, which was discovered by some florid blood issuing forth along the examining finger: this aperture could, however, now only be reached during the remission of the pains.

Mr. G. now introduced four fingers of his left hand into the vagina, in such a manner as to bring the symphysis ossium pubis between them and the thumb; took a headed bistoury with a handle (the fistula knife of Savigne); directed the head between the fingers up into the small aperture, situated upwards to the left in the pelvis, dividing, with the edge of the knife, the right side of the womb, about an inch and a half to two inches; and, shifting his hand, or rather the points of his fingers, in the same moment, through that aperture, he discovered them to be on the interior surface of the uterus. The amnion now pressed forward into this artificial os tincæ in the usual manner, the right side, however, presenting the unlimited and smooth internal surface of the uterus.

Mr. G. now enlarged the first incision by half an inch towards the right, and, the edges being so thin as to threaten laceration, he was induced to make two more small incisions, backward and towards the right, as also one in front. Immediately the amnion burst, a considerable quantity of liquor amnii was discharged, and the head of the child entered the aperture newly formed, in a perfectly regular manner. The right portion of the uterus now kept pressing down in the pelvis, along with the larger part of the child's head. The small remains of the natural os tincæ, or rather its vestige, could now no longer be reached on the left side, and the edges of the artificial one were so slender that they were hardly felt.

The os tincæ thus offered, on the left side, no obstacle to the passage of the head; only the right portion of the womb could not be made to glide over its thicker part, though its greatest part had already descended into the lesser pelvis. Under these circumstances, Mr. G. hesitated whether he should still enlarge the incision to the right. Having only that portion of the womb to work upon, he felt very reluctant to divide it. Thus he resolved to apply the forceps, not, indeed, for the purpose of evolving the head, but rather, if possible, to support it a little, in order to be able to await the distension of the divided womb, which, at all events, he considered necessary. The labour-pains, and the consequent protrusion of the head, were so violent, as to make the laceration of the fibres of the uterus appear unavoidable, which Mr. G. now thought it prudent to prevent, by another incision

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cision to the right, of about an inch, considering it not likely to produce any great danger. This being done, the child's head appeared in the external pudenda uncovered by the womb. But now another impediment occurred, on the left side, at the outlet of the vagina, namely, a stricture, most probably a cicatrix, that did not admit sufficient room for the head to pass through. Mr. G. having both his hands engaged, the right in conducting the handle of the forceps, and the left in supporting the perineum; Mr. Berger, standing to his left and to the right of the patient, took a bistoury curved like a sabre, and divided the callous part; whereupon the head evolved spontaneously, without requiring the least assistance.

It is worth remarking, that the child cried aloud and respired as soon as the head was protruded, though the chest was yet entirely hidden in the vagina; as also, that the one side of the uterus, (namely, the portion lying next to the os tincæ,) offered every distension to the passage of the child, whilst the left was not distended, though the fundus uteri did not incline to any side, as is sometimes the case. Nevertheless, Mr. G. had the uterus moved towards the left during the operation, and made the patient recline to that side. As long as the operation lasted, and during the various incisions, little blood had flown, and but a moderate quantity came away during the expulsion of the placenta, which happened in about five minutes afterwards. The patient hardly felt the first incision, but the latter lesser ones gave her great uneasiness, of which she complained each time. When the delivery was accomplished, the patient felt very weak; she slept an hour soon after; and, on Mr. G.'s visiting her about five minutes later, he found her in a gentle perspiration, her pulse soft and slow, and she felt some inclination to take refreshment. During the first three days, she complained of no other uneasiness than the after-pains, and of these only when she moved herself, or attempted to suckle her babe.

On the fourth day, October 26th, her pulse was frequent; the breasts were much swelled, and the axillary glands painful; she had a little head-ach, and felt very languid. The lochial discharge was pretty great. Several clysters remained without effect, but the urinary discharge was voluntary.

On the fifth day, she was in general much the same, the head-ach only somewhat worse, and the lochia had almost entirely disappeared; but the milk flowed abundantly and the swelling of the breasts had decreased. The clysters, even those of a more stimulating nature, had remained

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mained without effect; in consequence of which, Mr. G. ordered the patient to take a tea-spoonful of lenitive electuary, with mucilaginous drink acidulated with a little lemon-juice, keeping herself as quiet as possible.

On the sixth day, the electuary had procured an evacuation during the night; the fæces were passed with much pain, causing a great deal of florid blood to flow from the vagina, however this ceased on her lying quiet. She complained of a kind of burning sensation she had felt in the abdomen during the night, and which still continued; a little blood resembling the lochiæ re-appeared; the head-ach had gone off on the bowels being moved. She had more appetite, showed particular inclination for beer; and she was permitted to take a glass of white beer.

On the seventh day, she was in general tolerably well; the pulse being soft and slow, and the burning sensation in the abdomen having ceased. But now the infant, which hitherto had been quite well, was suddenly taken ill, with periodical symptoms of suffocation, rattling in the throat for a whole hour together, and sudden changes of complexion. An emetic in the form of a linctus was prescribed, together with a clyster and an aromatic bath in the evening.

On the night of the eighth day, (on the 30th of October,) the child appeared quite easy, sucked, and was apparently quite well; but, in the afternoon, by four o'clock, it was suddenly taken with spasms, which, after intermitting one hour, re-appeared, and the child thus died with general cataleptic symptoms. It was a boy, to all appearance of a healthy and firm constitution, weighing between seven and eight pounds. Dissection was not permitted.

The infant's death much agitated the mother, for whom, though continuing tolerably well till the evening of the 31st, Mr. G, apprehended some ill consequences; and, indeed, on the first of November, vestiges of an increased action of the vessels of the wounds of the womb and the vagina, made their appearance, an increased discharge of a purulent serum taking place; the patient complaining of pressure in the abdomen and the bottom of the pelvis, which sensation continued, but without increasing till the 2d of November. Her pulse was quick and full, and a certain degree of inflammation was apparent.

An antiphlogistic regimen, with an injection of a decoction of herba hyosciami, repeated three or four times, procured relief; so that, on the 5th of November, and the following days, she felt as usual, her pulse being again soft and composed. She now complained only of being languid, and

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sometimes of a painful sensation in the lower extremities, and anxiety towards night lasting above an hour at the time. Her bowels being however regular, and her appetite good, Mr. G. thought proper to await the further issue, till the 9th of November, when he prescribed her a mixture of Infus. Valerianæ, Extr. Trifol. fibrin. Liquor Ammon. Succin. Tincture of Opium, and some syrup, which at once dispersed those febrile symptoms. Every examination of the internal pudenda had hitherto been made without any decisive result, as they always caused great pain, and the margins of the artificial os tincæ, formed by the incisions, feeling like irregular fleshy tumors. An inclination to an erysipelatous inflammation was very evident in these parts, on account of which, a solution of sugar of lead with opium was applied.

On the 12th of November, the twentieth day after the operation, the edges of the wound were no longer swelled; the small incisions had lately disappeared; and, in that place where the natural os tincæ ought to have been situated, was a large transverse fissure of about one inch, the anterior labium of which was little thicker than the posterior. This day the patient left her bed for the first time without that sensation which, for some days before, she had described, not indeed as a pain, but rather as a certain pressure, producing a sensation as if something was about to drop from the external genitalia.

The patient continued perfectly well till the twenty-fourth day, (the 16th of November). On the twenty-fifth, she was again taken with fever and inclination to vomit, violent abdominal pains, particularly in the sides, accompanied with obstinate costiveness, a discharge of florid blood having also re-appeared several days before. Surfeits and exposure to cold were the causes of these symptoms, which continued for about ten days. A few tamarind mixtures, however, relieved the costiveness, and with it, the spasmodic symptoms; but the greatest service was derived from an emetic, given one of the last days, followed by a mixture of cinnamon-water, with some stimulants added to it. Externally, an embrocation of Peruvian balsam, with spirits of soap, was rubbed in the abdominal integuments, which finally removed every uneasiness, and the patient has continued quite well ever since.

Hamburgh; March 21, 1817.

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For the London Medical and Physical Journal.

On the successful Use of very large Doses of Opium in Tetanus; by JOHN TAUNTON, Esq. Member of the College of Surgeons, and Lecturer in Anatomy and Physiology.

IN the treatment of Tetanus, it has been my practice to give opium in larger doses than it has been usually given, generally in a liquid form, often upwards of two ounces of the best tincture within twenty-four hours. The safety and success of this practice has been such as to induce the recommendation of giving very large doses of opium in this most formidable malady.

Mr. Reid, author of the subjoined letter, who attended my lectures in 1809, previously to his being appointed a surgeon in the royal navy, has given this medicine in still larger doses than I have ever done, and with much more success. I believe he has not lost one patient. It should be remarked, that, although tetanus is much more frequent in warm climates, it is not so generally fatal as it is in this.

In June, 1815, this practice was completely successful in a well-marked case, which, from the violence of the symptoms, threatened a fatal termination. A boy, about twelve years of age, was bitten on the hand and fingers; the parts were much lacerated and punctured. At the time I first saw him, the head was bent forwards on the chest; the upper and lower part of the trunk were drawn forcibly back; the jaw was completely locked; the spasmodic action of the muscles produced violent pain. Directions were given to foment and poultice the hand and fingers; and the following medicine was prescribed:

℞. Liquoris Ammoniæ Acetatis ℥iij.—Tincturæ Opii ℥j. Misce, cochleare unum magnum 2da quâque horâ sumendum.

The symptoms began to yield on the second, and were nearly removed on the sixth, day. A copious perspiration succeeded the exhibition of the medicine, and seemed to be productive of good. In many cases, however, we find the most profuse perspiration, without the least alleviation of symptoms.—The wounds on the hand were several weeks before they were completely healed.

In those instances where the practice has not succeeded, it has appeared to me that either the opium has been given *too sparingly*, or the dose diminished *too soon*; for, when the dose has been lessened after only a partial remission of symptoms, the disease has returned with increased violence, and proved fatal.

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In the Edinburgh Medical and Surgical Journal for July 1815, page 306, a successful case is related by Dr. Reid of Kilmarnoch, treated by opium, wine, and mercury; on the last remedy the author lays great stress.

Dr. Morrison, late of Demarara, in a letter communicated to Dr. Hancock, says, "I have seen, since I came to this country (in the year 1803), about thirty-two cases of tetanus, of which about seven got well. I gave one patient *eight grains of opium every two hours.* He recovered.

His Majesty's Ship Strombolo, off the

MY DEAR SIR, *Ebro, Jan. 2,* 1814.

During the periods I had the honour of attending your lectures, I was struck with a practice you recommended, of administering large doses of opium in spasmodic, but more particularly in well-marked tetanic, complaints. A short time after this, I had occasion to attend three patients labouring under that dreadful malady locked-jaw, to all of whom opium was given in larger doses than, I believe, the generality of practitioners have yet ventured to give. I think I mentioned the particulars and happy result of this treatment, when I last had the pleasure of seeing you.*

A very interesting case occurred to me lately, which I shall take the liberty to annex, in the undigested state of my notes taken at the patient's bed side.

I think, from analogy, were a case of hydrophobia to come under my care, I should be inclined to try the effect of opium, pushed as far as might be consistent with propriety. Permit me to return my sincerest thanks for the advantages and disinterested friendship I experienced from you while I was your pupil. I humbly beg that you will solicit the attention of the gentlemen who attend your anatomical theatre to the following subject; and more especially of those who have it in contemplation to visit hot countries. Sincerely hoping that this practice may prove as satisfactory and successful in the hands of others as it has done in mine, I remain, my dear Sir, with inexpressible sentiments of respect and esteem,

Your obliged and humble Servant,

THOMAS READ.

To John Taunton, Esq. Hatton Garden.

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* In 1813, Mr. Reid related to me three cases of tetanus that he had treated successfully by opium. He gave first ten grains of the best solid opium every hour, till the symptoms had yielded in a considerable degree; then he lessened the dose gradually, but in each of the cases he gave upwards of two ounces of the best solid opium within four days.—J. T.

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Nov. 26, 1813.—I was requested to visit a Spanish peasant, who had received a very extensive contused wound on the right heel. Previously to this, he had been attended twenty-five days by a Spanish surgeon, who very inhumanly declined further attendance, on finding that his patient was no longer able to pay the wonted fee, a shilling per visit. When I first saw him, the wound was nearly filled with healthy granulations, but his general health seemed much impaired. He complained of excruciating pains in his legs, thighs, and belly, with stiffness and rigidity in the muscles of the neck; deglutition was performed with extreme difficulty. I recommended the warm bath; but, as our ship lay at a considerable distance, I had no opportunity that night of sending him any medicine. I visited him the next day, at eleven o'clock, and found all the symptoms greatly aggravated. He had general and violent spasms; his teeth were so closely shut that a knife could not be introduced between them; his pulse was 93, and scarcely perceptible. In the space of twenty-three minutes a remission ensued, of which I took advantage, and administered the following bolus:

℞. Extr. Opii gr. lxiv.—Camphor gr. x. Misce.

I left an ounce of genuine extract of opium formed into five grain pills, with directions to give two every hour, until I called again.

28th.—Owing to the bad state of the weather, I was prevented from going on shore.

29th (twelve o'clock).—He took the last dose of opium a little before I arrived. Has had no return of spasms since five o'clock the preceding evening, and has had six hours sound sleep. Pulse 82, soft, and full. Wound looks worse. I directed it to be dressed with Ung. Resin. Flav.

℞. Submuriat. Hydrar. ℈j.—Pulv. Jalap. gr. x. Misce. Sumat statim.—Rep. Pil. ex Opio 2da quâque horâ.

30th.—Has had two dark-coloured and fœtid stools, and three paroxysms, since yesterday, but less violent than before. The opium was now given in ten-grain doses every hour, as formerly.

Dec. 1st.—Appearances are greatly improved. Has had no return of the spasms. A nutritive regimen was provided, by a subscription raised amongst the English.—Rep. Pil. j, omni horâ.

2d.—He is free from pain and spasm; his appetite improving; the wound cicatrizing. Let the opium be omitted.

3d.—I found him sitting up in bed quite cheerful, with no other complaint than debility. Wound nearly healed.

4th:

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4th.—Bowels torpid. Capt. Ol. Ricin. ℥ifs. Complains of sleepless nights. Capt. Opii Purif. gr. x. hora somni.

5th.—Has had a good night; bowels regular.

℞. Pulv. Cinchon. ℈j.—Vin. Rubi ℥iij. tertia quâque hora sumendus.

This plan was continued till the 27th, when he was perfectly well, and undertook a journey on foot to Valencia, a distance of nearly one hundred miles.

In this case, 834 grains of opium were taken in forty-eight hours, 120 the next twenty-four hours or third day, 240 the fourth, and 120 the fifth,—in all 1014 grains in 120 hours; yet neither delirium nor any unusual costiveness attended this extraordinary quantity. THOMAS REID.

For the London Medical and Physical Journal.

On the first Transmission of Cow-pox Virus to America; by T. J. PETTIGREW, Esq.

IN the last Number of your Journal, a correspondent, under the signature of Georgiensis, expresses his surprise to find it stated, in my Memoirs of the Life and Writings of the late Dr. Lettsom, that the vaccine lymph was first sent across the Atlantic by Dr. L., and consigned to the care of his friend Dr. Waterhouse, of Cambridge, Massachusetts, from whence it *spread* through the United States. This is said to be untrue: that "vaccine lymph had been previously sent by Dr. George Pearson to Dr. Chichester, now a resident physician at Bath, but at that time in very extensive practice in Charleston in South Carolina." Reference is also given to the Phil. Mag. vol. xvi. p. 252, for the particulars of the vaccination of *one* individual, in the winter of 1799, by Dr. C.

Nothing can be further from my wish than to attribute that to any individual which does not appear to be justly his due; and, had I not been informed by the HIGHEST authority on this subject, that Dr. Lettsom had been the first to transmit to America this inestimable treasure, I certainly should not have ventured to state it in my publication. The notice of your correspondent has, however, induced me to examine a number of letters written by Dr. Waterhouse to Dr. Lettsom, and the notes of letters transmitted by Dr. Lettsom to Dr. Waterhouse, to be convinced of the truth or error of the statement I have made. From this examination, I am free to confess, that Dr. L. does not appear to have *first* sent the vaccine lymph across the Atlantic.

I subjoin

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I subjoin extracts from these letters, that your readers may draw their own conclusion with respect to dates. I cannot, however, forbear expressing some degree of surprise, that the practice of vaccination was not followed up by Dr. Chichester; for it is rather singular, that no mention of his name occurs but in the statement contained in the Phil. Mag., unless it be in the writings of Dr. George Pearson, which I happen not to be in possession of, and to which, at present, it is not in my power to refer. Dr. Waterhouse, on the contrary, is frequently alluded to by various writers. He was the active promoter of the practice in America—the person to whom the members of the government applied for lymph, and for directions for its use; and to whom his professional brethren looked for information on this subject. He seems, also, from the following extracts, justly to feel the responsibility of his situation on the occasion. If, therefore, Dr. W. was not the first (which I confess appears to me doubtful) who vaccinated in America, it is but due to admit that it was by him that the practice *spread* through, and was finally established in, the United States.

Dr. W. to Dr. L.

Cambridge; April 10, 1799.—"I received with great satisfaction your letter of the 24th Nov. with Dr. Jenner's, and Dr. Pearson's publications on a new, curious, and extremely important disease. I directly threw an account of it into the newspapers, a copy of which I here enclose. I should be highly gratified by more information respecting this epizootic disorder, and of further trials on the human kind. As such a distemper has never been heard of in this country, it excites the public curiosity as much as any thing that has occurred in the medical line since my remembrance."

Nov. 14, 1799.—"I here enclose a letter for Dr. Woodville, as it is making the same request I did to you respecting some cow-pox matter.* I send it opened, and wish you would be so kind as to put a wafer in it, and suffer the penny post to convey it to him. The curiosity, nay anxiety, of the public, especially of parents, on this subject, is very considerable. We, indeed, feel anxious ourselves, as four of our six children have never been inoculated."

Nov. 13, 1800.—"I am in no small tribulation for want of the vaccine matter. I introduced it into this country, but

* From this passage it seems probable that Dr. W. had previously solicited vaccine lymph from Dr. L. No letter, however, containing a request of this kind is preserved.—P.

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some how or other it has depreciated in my hands. It fails in more than half I have inoculated for several weeks past. I never received any but from Dr. Haygarth, which was last June.

"I have never been able to procure Woodville's last publication on the Cow-pox. Are there any good practical treatises recently published on this subject? As I was the first who introduced it here, I am applied to from all quarters, but am chagrined almost to sickness because I have no confidence in the matter I possess. The vaccine poison has become milder by passing through a number of the human species, or else the cold weather has deprived it of half its venom. As soon as I receive fresh matter from England, I will directly inoculate a cow, by way of obtaining active matter from the fountain head.

"I have had several instances in the cow-pox, where the symptoms came on pretty violently in twenty-four hours. In many instances I am puzzled to know whether the patient has really gone through the disease so as to secure him from further infection. My situation is peculiarly perplexing, for, should any unfortunate case occur under any practitioner, I shall bear the blame of it. I have diffused the matter all over the country, and am conscious that it has degenerated and become spurious. Applications by letter and otherwise crowd upon me every hour, and almost every minute, to solve doubts, give directions, and console disappointments; and I have no person to apply to myself for the information which I feel I myself stand in need of. I have Jenner's Work (1st and 2d part), Woodville's first publication, and Pearson's first pamphlet, and the 2d vol. of the Medical and Physical Journal; and could wish that Mr. Mawman would send me any thing and every thing that has, or may, come out in the course of the winter, *which you can recommend.*"

Dec. 13, 1800.—"As I know not Dr. Jenner's address, I have enclosed a letter, which I would thank you to forward to him as soon as possible. I have written to him on a subject in which I am deeply interested—I mean the cow-pox. You already know, perhaps, that I introduced that distemper here, and led the way in its inoculation, and that very much to my advantage; but it has lately worked very perversely, and occasioned me much perplexity. Since the cold raw weather of November came in, the *matter* has *deteriorated* in my hands, and in the hands of every one else, so that almost all the cases that have lately occurred have proved *spurious*; and, unless I can obtain a fresh supply of the vaccine matter early in the spring, the inoculation for it will sink

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sink into disrepute, and I myself come in for a large portion of the disgrace.

"Judge of my anxiety when I say that I am conscious that more than an hundred practitioners in different parts of New England are at this time inoculating with *spurious* matter, while the small-pox is pervading one of our sea ports, and every unfortunate case will be traced up to me, the originator of the practice in America. I am the only person who ever succeeded in obtaining efficient matter from England, which I had from Dr. Haygarth, and the activity of this matter *seems worn out by passing through a number of the human species;* and, unless I obtain a fresh supply from England, the business which promised so fair here will stagnate. I have, therefore, written to Dr. Jenner for his advice and assistance. So I have to Dr. Pearson, and hope, by the return of the Galen, or by the Minerva, to get a supply of the matter I stand so much in need of. I have just received an order from the War-Department to supply the military surgeons with the vaccine matter, and directions for inoculating the different corps of artillerists and engineers stationed in the various parts of New England."

Dr. L. to Dr. W.

London; March 28, 1800.—"Sent him fresh cow-pox matter."

Dec. 24.—"Sent him vaccine matter in a glass bottle from the Vaccine Institution, as well as two planes of glasses, one from Dr. Woodville, and the other from Mr. Johnson. Explained Dr. Woodville's, Dr. Pearson's, and Dr. Jenner's opinions respecting the wearing out of the effect of the matter."

Feb. 19, 1801.—"Sent him vaccine matter in a glass vessel from myself, with a letter and vaccine matter from Dr. Pearson."

Bolt-court, Fleet-street;
April 16, 1817.

To the Editors, &c.

GENTLEMEN,

I BEG leave to transmit to you, for the information of your readers, a communication received in a letter from Professor Scarpa, dated March 30th, the object of which is the improvement of Mr. Hunter's Operation for Aneurism.

I am, Sir,

30, *Edgeware Road,*
April 18.

Your obedient Servant,
JAMES BRIGGS.

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"During the last year, I have made many experiments on animals after the manner of Jones, in order to determine the most useful method of tying the large arteries of the limbs. From these experiments I have drawn several useful results, which I shall shortly publish; but one of them has particularly arrested my attention, viz. that, on the fourth day from the operation, the ligature may be safely removed from the artery, as the cohesion and closure of the vessel is then sufficiently strong to resist the impetus of the blood; and, consequently, that it is not necessary, as is usual, to wait until the ulcerative process has loosened the ligature from the artery. From sixteen to twenty days of valuable time is thus lost, during its detachment, which might be much more advantageously employed in the treatment of the wound, freed from every extraneous body, and disposed to heal by the first intention.

"The first trial was made on a man, on account of a popliteal aneurism, three months ago. The ligature was removed from the femoral artery on the fourth day after the operation; and the result perfectly answered my expectation, the pulsation in the aneurism being no longer renewed. As soon as I have collected a sufficient number of facts similar to this, I design to give a full detailed account of them. I find, in performing the operation in this manner, that a small compress [cylinder] of cloth, imbued with ointment, interposed between the artery and ligature, is of great utility, and, indeed, indispensible, in rendering the removal of the ligature easy; whereas, when applied singly round the vessel, it is so imbedded between the internal and middle ruptured coats, as to make the division of it unusually difficult and dangerous. By this method, on the contrary, it may be readily and safely divided upon the compress.

Pavia; March 30, 1817."

We expect further information from this truly illustrious professor; but may, at present, be permitted to remark (as we did concerning the silken ligatures proposed by some English surgeons) that, after Mr. Hunter's operation for aneurism, and after a successful amputation on Mr. Allison's method, we have often seen complete union by the first intent, excepting where it was interrupted by the ligatures, the ends of which were permitted to hang out till the parts attached to the arteries were, in a few days, so loosened by suppuration as to be removed without violence. —EDIT.

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COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

Biographical Memoirs of the Right Reverend Dr. Watson, Bishop of Llandaff.

IT is not a little remarkable that three men to whom we are indebted for some of the earliest improvements in modern chemistry, should have suffered by their supposed attachment to political inquiries. The reader will at once recollect Lavoisier, Priestley, and Watson. Of the first we can only say, *Hinc illæ lachrymæ!* The second was certainly exposed to persecution; but we must admit not more than his sacred calling should have taught him to endure. However he was the only sufferer by this impatience, which induced him to abandon his country, but never to retort the insults and calumnies which he received from others. The third, whose memoirs we are preparing to offer, submitted, like a true divine, to retain the lowest seat in the episcopal bench, from which he was never translated.

"Richard Watson was born in August, 1737, at Heversham, in Westmorland, five miles from Kendal, in which town his father, a clergyman, was master of the Free Grammar School. His father superintended the whole of his early education till the year 1754, when he went to Trinity College, Cambridge. Here he distinguished himself by close application to study, residing constantly till made a scholar in May, 1757. He became engaged with private pupils in November following; and took the degree of B. A. in January, 1759. On this occasion he held a distinguished place, being Second Wrangler. He was elected Fellow of Trinity College in October, 1760; and was appointed assistant tutor to Mr. Backhouse in November of the same year. He took the degree of M.A. in 1762; and was made Moderator for the first time in October following.

"In the year 1764, he became a candidate for the Professorship of Chemistry. I have been told that the late Dr. Paley, who afterwards distinguished himself so much by his writings in the departments of moral philosophy and theology, was a candidate for the same chair. Neither of these eminent men had paid any previous attention to the study of chemistry. Dr. Paley boasted at the time that he was better acquainted with it than Dr. Watson; for he could perform one chemical process at least, since he knew how to make *red ink;* while his antagonist, he believed, did not

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know so much. Dr. Watson, however, carried the election; and began the study of practical chemistry with so much assiduity, that he very materially injured his health. I have been frequently amused with the history of his first chemical campaign. He could not succeed in his earliest attempts at experimenting. His retorts broke, his liquids were spilled, his clothes were spoiled. But by perseverance he at last got the better of his awkwardness, and acquired the art of experimenting with ease and elegance.

"In 1767 he became one of the head tutors of Trinity College; and in October, 1771, he was appointed Regius Professor of Divinity, with the Rectory of Somersham, in Huntingdonshire, annexed. In 1774, he was presented to a prebend in the church of Ely; and in January, 1780, he succeeded Dr. Charles Plumtre in the archdeaconry of that diocese.

"He had been tutor to the late Duke of Rutland when his Grace resided at Cambridge. In 1782, the Duke presented him to the valuable Rectory of Knaptoft, Leicestershire; and, in the same year, through the recommendation of the same nobleman, he was advanced to the Bishopric of Llandaff. In consequence of the smallness of the revennes of this Bishoprick, Dr. Watson was allowed to hold with it the Archdeaconry of Ely, his Rectory in Leicestershire, the Divinity Professorship, and the Rectory of Somersham. This bishopric was the last of his preferments. Though it is the poorest in the gift of the crown, and though Dr. Watson was, without doubt, one of the greatest ornaments of the bench of Bishops, and though his scientific and theological knowledge, the urbanity of his manners, and his uniform zeal for religion, would have made him fill with honour the first place in the English church, yet there were some circumstances which effectually prevented his promotion.

"He had early associated himself with the political party known in Great Britain by the name of Whigs. During the King's illness in 1789, when the Regency Bill was before Parliament, he took an active part in advocating the right of the Prince of Wales to be appointed Regent without limitation. During the American war, he had been equally hostile to the ministerial party at that time in power, and argued the cause of the Americans with zeal and ability. At the commencement of the war with revolutionary France he was equally an enemy to hostilities; though long before the termination of that memorable struggle he had become sensible of its necessity, and urged its continuance and vigorous pursuit with much earnestness and eloquence. Thus his political sentiments, during almost the whole of his life, were at variance with those in whom lay the virtual distribution of promotions in the church. It is not surprising, therefore, that he was overlooked; though it would have redounded highly to the credit of Mr. Pitt, and his companions in the administration, if they had disregarded all political differences, and contributed to the promotion of one of the greatest ornaments of the church of England; but such want of magnanimity is rather an object of regret than of surprise.

"Dr. Watson

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"Dr. Watson distinguished himself as a theological, political, and scientific writer. Of his theological writings, the most important, perhaps, are his Apology for Christianity, and his Apology for the Bible. The first was published in 1776, as an answer to Gibbon's celebrated 15th chapter on the Causes of the Growth of Christianity. Of all the answers to Gibbon, this displayed the greatest urbanity and politeness, without any deficiency either of argument or spirit. The second was published in 1796, in answer to Thomas Paine's Age of Reason, which, at that time, was disseminated with particular industry through the British empire; and, being written in that peculiar style of which the author was such a consummate master, was particularly calculated to make an impression upon the common people. Indeed, the impression which it did make was wonderful, and almost instantaneous. The Apology for the Bible was written to counteract the effects of this insidious book in the only quarter where they could be dangerous; for the ignorance of Paine, and the absurdity of his arguments, were so obvious, that the book could make an impression only on those who were altogether ignorant of the subject, and had never thought of the evidences upon which their religion rested. Dr. Watson's answer, accordingly, was adapted to the understandings of the common people, and was a masterpiece, whether we consider the skill with which he overturned the insidious arguments of his antagonist, or the ability with which he counteracted the baneful effects of the principles which it was the object of the revolutionists to inculcate: for the avowed intention of these wild enthusiasts was to destroy the morality and religion of the common people altogether, and thus render them capable of going every length that might suit the objects of the demagogues of the day.

"In 1785, Dr. Watson published a Collection of Theological Tracts selected from various Authors for the Use of the younger Students in the University, in six octavo volumes. This publication deserves high praise for the judgment with which the tracts were selected. They form a kind of theological library, which cannot but be very valuable to the theological student.

"It will not be expected that I should notice here the different sermons which Dr. Watson published during the course of his long life. Indeed I do not consider myself as at all qualified for such a task, having never seen several of them at all, and only glanced over the rest in a cursory manner.

"The political publications of Bishop Watson are still less proper for discussion in a work like the present, which professes to be totally devoted to physical science. I may notice merely a few of his most prominent opinions. In 1783, immediately after his promotion to the Bishopric of Llandaff, he published a letter to Archbishop Cornwallis on the church revenues, recommending a new disposition, by which the bishopries should be rendered equal to each other in value, and the smaller livings be so far increased in income, by a proportionate deduction from the richer endowments, as to render them a decent competency.—From the commencement

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commencement of the discussion respecting the slave-trade he was always a strenuous advocate for its abolition. He also exerted himself strongly in endeavours to repeal the Corporation and Test Acts.—His scheme for the abolition of the national debt, by every individual giving up a certain portion of his property, indicated less refined notions respecting political economy than might have been expected from a writer possessed of so much general knowledge upon so many subjects, and so conversant with the best writers of his time.

"His chemical writings will claim a greater share of our attention. Indeed, it was to give an account of them that the present article was drawn up. In 1769 he was elected a Fellow of the Royal Society; and five papers by him were published in the subsequent volumes of the Philosophical Transactions. These papers were as follows:—

"I. *Experiments and Observations on various Phenomena attending the Solution of the Salts.* (Phil. Trans. 1770, p. 325.)

"This is a very elegant paper, and may serve as a model for the method of drawing up experimental investigations. It first made chemists acquainted with four sets of facts of considerable importance. 1. That, when salts are dissolved in water, they are not merely received into the pores of that liquid, but enter into chemical union with its particles. 2. The specific gravity of different salts. His mode of ascertaining that specific gravity was very simple, and yet susceptible of considerable accuracy. He took a globular glass vessel with a long narrow cylindrical neck. The neck was exactly graduated; so that the proportion which it bore to the capacity of the whole vessel was accurately known. The vessel being filled with distilled water up to a given mark in the neck, a certain weight of the salt whose specific gravity was to be determined was thrown into it. The water immediately rose in the neck of the vessel. From this rise it was easy to infer the specific gravity of the salt."

Of the various kinds he has given a table, the accuracy of which has never been disputed.

"The solution of all salts in water is greater than the mean of the specific gravity of the salt and of the water. Hence a condensation obviously takes place during the solution; and, of course, as the solution goes on, the water is constantly sinking in the neck of the mattrass, though it never sinks so low as the mark at which it stood before the addition of the salt. We may infer from this fact that Dr. Watson's method for determining the specific gravity of salts answers worst for those that dissolve most rapidly in water."

A table was given exhibiting the specific gravity of water at 41, saturated with different salts; and another of the specific gravity of water holding in solution $\frac{1}{12}$th of its weight of different salts. The paper contains also the well-known table of the specific gravity

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sity of water impregnated with thirty-seven different proportions of the common salt of commerce, varying from $\frac{1}{4}$ of the weight of the water to $\frac{1}{1\,0\,5\,7}$.

"On Feb. 12, 1771, about an hour after sun-set, the thermometer at Cambridge stood at 6°. This cold seems to have come on rapidly, for the Cam was not frozen. Dr. Watson relates the state in which he found several saturated solutions of salts in his laboratory. But, as he neglected to specify the temperature of these solutions when examined, the information conveyed in this paper is much less valuable than it otherwise would have been."

"In the beginning of July, 1772, he exposed a thermometer to the direct rays of the sun. It rose to 108°. On blackening the bulb by means of China ink, the thermometer rose to 118°. This experiment was carried much further by De Saussure, and the late Professor Robison, of Edinburgh. Saussure, by surrounding the bulb with charred cork, and exposing it to the sun's rays, made it rise to 221° at Geneva. Professor Robison, at Edinburgh, raised a thermometer by similar means to 237°."

Some experiments have been since made to show the difference between a black surface highly varnished, and one equally black without varnish. This forms a new discovery concerning radiant and absorbed heat, which, at that time, was not sufficiently understood when applied to dark colours.

Dr. Watson's two remaining papers in the Transactions are "Chemical Experiments on Lead Ore," and "Observations on the Sulphur Wells at Harrowgate." Of these we need only observe, that, though the subsequent improvements in chemistry have taught us much more than the papers contain, yet they are correct as far as he carried his researches.

"In the year 1781, Dr. Watson published his Chemical Essays, in three 8vo. volumes. This work was highly popular at the time of its appearance, and contributed very materially to produce that taste for chemical science which at present so generally pervades Great Britain. These essays are, beyond dispute, the most elegant work on chemistry which has appeared, either in this country or the continent of Europe. Though the science has undergone two complete revolutions since 1781, and though the progress which every branch of it has made since that period is quite enormous, yet these essays have not yet lost their interest, and will always retain a considerable portion of value, because they contain a great collection of historical facts not to be found any where else. The essays on gunpowder, on the saltness and temperature of the sea, on the quantity of water evaporated from the surface of the earth in hot weather, on the smelting of lead ore, on silver extracted from lead, and on red and white lead, may be still perused with interest by the chemists of the present day, and deserve to be studied as models of elegant memoirs on scientific subjects. It would far exceed the limits to which I must confine myself here, were I to attempt an analysis of the contents of these volumes.

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But I consider the task as quite unnecessary, as they must be familiar to every chemist of taste in the British empire.

"In the year 1786 he published a fourth volume of Chemical Essays, which I consider as much more valuable than the preceding ones. It contains a great stock of very valuable information respecting the progress of various chemical manufactures in Great Britain, chiefly concerning the smelting of some of the metals, and forming some of the most important alloys. His account of blende, zinc, brass, gun-metal, tinning copper and iron, and gilding in *or moulu*, are highly interesting. To this volume he soon after added a fifth, containing his essays which had been published in the Philosophical Transactions, and one or two others of inferior consequence.

"It is very much to be regretted that Dr. Watson did not continue to prosecute the science of chemistry, which he had begun to cultivate with so much ardour, which his erudition and sagacity fitted him so well to have improved, and his elegant style so well qualified him to explain."—*Gent. Mag. and Annals of Philosophy.*

Dr. Watson died in July, 1816, having nearly completed his 79th year.

The following account of Dr. Rush's death is extracted from Mr. Pettigrew's Memoirs of Dr. Lettsom. Of this work we shall give a further account in our next.

"Dr. Mease to Dr. Lettsom.

"*Philadelphia, Dec.* 21, 1815.

"Dear Sir,—I had lately the pleasure to receive your 'Recollections of the late Dr. Rush,' for which I thank you. I was much concerned, however, to find, that you had given currency to the incorrect statement propagated after his death, 'that he had mistaken his disease for the pleurisy, and was bled freely, which was thought to have occasioned his death.' Your correspondent was unfortunately misled by common report, which is too often incorrect; and in the present instance this incorrectness is to be particularly regretted, because it favors the diffusion of error, and implicates the medical judgment of a man, who was more extensively consulted by his countrymen than any other physician that ever lived in the United States; and it gratifies the little and mean spirits among us,* who exulted in the report of his having fallen a victim to his attachment to the depleting system, and who will be glad to find that the report has been circulated in Europe. Dr. Rush was not afflicted with '*typhus or spotted fever*,' but a true pleurisy; and the blood, so far from being '*freely*' taken, amounted only to ten ounces in quantity: more was not taken away (except locally), although the pain in his side, after having been relieved by the operation, returned with severity; and the disease ended as

* And *among* us also. See our former remarks on this subject. —Edit.

inflammatory

inflammatory affections of the lungs often do in such habits as that of Dr. Rush. The case was strictly as follows:

"Dr. Rush, in the early part of his life, had been subject to a cough, which he kept under by occasional small bleedings, great temperance in diet, and by a careful accommodation of his dress to our inconstant climate. He had been attacked by a cough several months previously to his last illness, and in consequence of it, he had abridged his customary proportion of animal food (in the use of which he was at all times very moderate), and left off entirely the use of wine.

"The effects of these retrenchments alone would have been felt by frames more vigorous than that of Dr. Rush; but in his case, and at his time of life, they could not fail greatly to diminish the muscular power, and increase the excitability of his system, to the causes that produced the fatal disease. Other causes co-operated. During the time alluded to, he was engaged in extensive practice, had performed his tour of duty at the Pennsylvania Hospital, and at the close of the session in March had given two lectures daily, of an hour each: he also assisted in the examination of a large class of candidates for medical degrees in the university of Pennsylvania, twice a day, and at night he either was engaged in study, or in answering the numerous letters of applicants for medical advice from every part of the continent. Thus, by such unremitted corporeal and mental exertion he wasted the powers of life, and predisposed his system to the operation of the variable atmosphere that caused the affection of his lungs.

"He was attacked by his last illness on the night of the 14th April, 1813. I had been absent from the city, and on my return called to see him in the evening. I found him alone with a lecture before him, and a pen in his hand. Having before hinted to him that he ought to relax in his studies, I said, 'What, doctor, always at your studies?' he replied, 'Yes, doctor, I am revising a lecture, for I feel every day more and more like a dying man.' Alas! how prophetic his words! Upon my observing that I hoped he did not feel indisposed, he replied, 'No; but at my age I deem life particularly precarious, and I am, moreover, anxious to leave my manuscripts as perfect as possible for the benefit of my son. We conversed for an hour or more upon various medical subjects, and I heard him read an affectionate letter to a relation in a distant state; who had asked his opinion upon an important occasion. A person having called for a letter of advice, I retired to another room, where I remained near an hour with his family. Upon returning to him, I found him sitting with his feet close to the fire, and, after a moment's stay, I wished him good night. Mrs. Rush came in as I went out; and I subjoin her own statement of the progress of his attack, and the remedies used. This statement was drawn up at my request, that there might be no doubt as to the accuracy of every particular on the distressing subject:

"'At nine o'clock in the evening of Wednesday the 14th April 1813, Dr. Rush, after having been as well as usual through the day,

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complained of chilliness, and general indisposition, and said he would go to bed. While his room was preparing, and a fire making, he became so cold, that he called for some brandy and drank it; he then went to his room, bathed his feet in warm water, got into a warm bed, and took some hot drink: a fever soon came on, attended with great pain in his limbs and in his side; he passed a restless night; but after day-light a perspiration came on, and all the pains were relieved except that in his side, which became more acute. He sent for a bleeder, and had ten ounces of blood taken from his arm, with evident relief. At ten o'clock, Dr. Dorsey saw him, heard what had been done, and approved of the treatment, observed that his pulse was calm, but rather weak, and advised him to drink plentifully of wine whey, which was immediately given to him. He remained the rest of the day, and on Friday, with but little apparent disease, though never quite free from fever, and always complaining when he tried to take a long breath. On the morning of Saturday he awoke with an acute pain in his side, and desired that the bleeder might be sent for: to this I objected on account of the weak state of his pulse. I proposed sending for Dr. Dorsey, but Dr. Rush would not consent to his being disturbed. He reminded me of his having had a cough all the winter, and said, 'this disease is taking hold of my lungs, and I shall go off in a consumption.'

"'At eight o'clock, Dr. Dorsey saw him, and, upon feeling his pulse, objected to his losing any more blood, and called in Dr. Physick, who agreed in the opinion that bleeding was improper. The pain in his side, however, continuing, and his breathing becoming more difficult, Dr. Physick consented to his losing three ounces of blood from his side, by cupping. This operation relieved him, so that he fell into a refreshing sleep, and towards the evening of Saturday his fever went off, and he passed a comfortable night; and on Sunday morning seemed free from disease. When Dr. Physick saw him, he told me that Dr. Rush was doing well, that nothing now appeared necessary but to give him as much nourishment as he could take. He drank porter and water, and conversed with strength and sprightliness, believing that he was getting well, until about four o'clock in the afternoon, when his fever came on again, but in a moderate degree. At five o'clock, Dr. Physick and Dr. Dorsey visited him, and found him not so well as in the morning, but not appearing to apprehend what so soon followed; for at that time nothing was ordered different from the morning. At nine o'clock, they again visited him, when they found him so low as to apprehend a fatal termination of his disease. Stimulants of the strongest kind were then administered: you, my friend, know with how little effect!'

"I was constantly with Dr. Rush all the next day, and witnessed the progress of that debility which deprived me of my friend, the medical republic of its ornament, and our country of one of its best men, and the early, steady, and zealous supporter of our independence.

"It

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"It was the greatest absurdity to suppose that any man, acquainted in the least with medicine, could mistake pleurisy for typhus, the symptoms of which diseases are so different. The loss of the blood taken away from Dr. Rush would have been prescribed in his case by any medical man in Philadelphia; and I fancy that the remedy would have been sanctioned by the greater part of European physicians, strong as are their prejudices against the operation; for, although it certainly weakened him, yet had it not been ordered, it is highly probable that the excessive pain in his side, which it is evident was firmly fixed a few hours after his first indisposition, from its not being removed as the other pains were by the perspiration that came on the first night of his illness, nor by the bleeding,—and the great difficulty of breathing, which showed pulmonary congestion,—would have exhausted him even before the period at which the disease finished its course.

"It is with difficulty that I can refrain from dwelling on the character of Dr. Rush, his eminent talents and virtues; and from stating the strong claims which his memory has from his country to veneration, from his zealous exertions as a patriot of our truly glorious revolution, and in promoting the establishment of our excellent federal constitution, notwithstanding the shafts of calumny directed against him on both occasions; and how much Philadelphia owes him for the benevolent, civil, patriotic, and religious institutions which he either originated or powerfully supported; and for assisting in raising the medical character of our university and city to the proud station it holds in the world; from the humane exertion of his medical talents in the service of the distressed sick, and the influence of his example upon others. These traits I leave to his biographer, whoever he may be. My intention in addressing this communication to you, was only to correct what I deemed an important error as to the cause of his lamented death; and having done so,—I hope to your satisfaction,—I beg you will accept of my sincere wishes for your health and happiness.

"James Mease."

On the Evolution of Heat during the Coagulation of the Blood.

We know not whether the Dr. Gordon mentioned in the following ingenious paper is the person who has been accused of undervaluing Hunter and Abernethy in the Edinburgh Review, and of abusing Gall and Spurzheim in the same publication. If so, he certainly affords one of the most striking instances of Mr. Hunter's just observation, that few people are aware of all the results of experiments which are at all complicated.

It is well known that Dr. Gordon found, as he conceived, several degrees of heat evolved by the coagulation of blood. This was contrary to Mr. Hunter's observation, which Dr. G. imputes to Mr. Hunter's not moving the bulb of the thermometer from the fluid to the more solid part of the blood, so as to ascertain the difference. We shall see Dr. Davy's remark on this supposed

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oversight in one whose discoveries, and the inferences he drew from them, stand, in most instances, uncontradicted.

On the Heat evolved during the Coagulation of Blood. By J. Davy, M.D. F.R.S.—From the Journal of Arts and Sciences, p. 246.

"Whether any heat is evolved during the coagulation of blood, is a question which has received opposite answers from different enquirers.

"My friend, Dr. Gordon, is decidedly of opinion, that the phenomenon alluded to, is attended with a considerable elevation of temperature, amounting even to several degrees.

"This opinion of his I ventured to controvert, in my Inaugural Dissertation, published about two years ago. And Dr. Gordon did me the honour of replying to my remarks, in a paper published about eighteen months since, in Dr. Thomson's Annals, in which he maintains his former doctrine.

"At present it is not my object to criticise his essay, but to offer some additional facts relating to the subject under dispute, which I had an opportunity of collecting on my voyage to this place, in my way to India. My experiments were made on the blood of the turtle and shark, which last is extremely well adapted to the purpose, as its temperature approaches nearly to that of the atmosphere; and on the blood also of sheep.

"On the 15th of March, when our ship was in latitude 4° 9′ N. and longitude 19° 15′ W. by chronometer, at sun-set, a large shark was taken, by means of a harpoon. As soon as it was brought on deck, whilst it was still alive, it was cut in two. The blood flowing in the great dorsal vein was 82°;* the surrounding thick muscles were 82,5°; the water of the sea was 80,5°; and the air 79°. Some of the blood was collected in a glass. In about two minutes it had firmly coagulated. During the whole time I watched the thermometer immersed in it. The mercury sunk from 81,5° to 81°, and did not rise at the instant that the coagulation commenced, nor did it remain stationary whilst the coagulation was going on, but continued gradually sinking.

"The day following, another shark was taken. The same experiment was made with the blood, and a similar result was obtained.

"On the 23d of March, when we were in latitude 2° 29′ S. and in longitude 24° 30′ W. a large turtle was killed, which had been caught about three weeks before, at the island of Ascension. The air at the time was 79°. The blood of the turtle flowing from the carotids was 91°. When collected in a glass it was 88,5°. The thermometer, placed in the midst of it, immediately began to fall,

"* This result is an additional evidence that venous blood is of a lower temperature than arterial; a circumstance which I have endeavoured to prove by numerous observations contained in the Thesis already alluded to."

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and continued falling gradually, without any sensible interruption, whilst the blood was coagulating.

"Since I have been in Cape Town, I have repeated my experiments on the blood of sheep. To enter into any details of them would be superfluous, since the results they afforded agreed perfectly with those already described. The air being about 60°, and the blood when drawn about 100°, it continued cooling whilst its coagulation was going on, so that, when the coagulum had formed, its temperature was diminished, in between two and three minutes, about one degree and a half.

"From these experiments, the obvious, and, it appears to me, the unavoidable conclusion is, that which I had before adopted in my Thesis, and which had been first drawn by Mr. Hunter, viz. 'That during the coagulation of blood, there is no sensible evolution of heat.'

"It now only remains for me to reconcile the fact, (if I may venture to call it by that name,) with the well-established principle, that change of temperature is the necessary consequence of the change of form of bodies in general; and to suggest a reason for the difference of Dr. Gordon's and my own results.

"To accomplish the first, there is little difficulty; and the explanation which I proposed in my Thesis I shall again offer, as it seems to me quite adequate to the purpose.

"Since, during the coagulation of blood, a part of it passes from the liquid into the solid state, there should be, according to theory, some increase of temperature. But, since this liquid part, the fibrine, which becomes solid, is so small as to amount only to about $\frac{1}{50}$ of the whole quantity by weight; and since the coagulation is not an instantaneous, but a slow and gradual effect, it appears to me as necessarily to follow, that the heat produced must be too slight to affect sensibly the thermometer. This granted, which may be proved to demonstration, the anomaly vanishes,—this fact no longer opposes the general principle.

"The difference between the results of Dr. Gordon's experiments and my own, has arisen, perhaps, from the different modes in which our experiments were made. Dr. Gordon, I think, kept the bulb of his thermometer near the bottom of the vessel containing the blood, and when this fluid began to coagulate towards the surface, he drew the instrument up. On the contrary, in all the experiments I have detailed in this paper, the thermometer was not allowed to remain stationary; it was gently moved from one part to another, so that the whole might be kept of the same temperature till the coagulation commenced: for, when the blood is viscid, and the vessel deep, the surface on the part last drawn is warmer than that below, and when shallow, the bottom is warmest, as I have frequently observed in my experiments, and as I have remarked in my Thesis, as a source of inaccurate observation.

"I could wish to enter more into detail upon the subject; but, at this distance from Europe, and consequently from every scientific journal and scientific work, it is out of my power. To Dr.

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Gordon's well-known candour and liberality of mind I must trust for pardon, for any oversight I may have committed in the consideration of his paper. I am, however, confident, that, if Dr. Gordon will repeat the experiments I have described, he will obtain the same results, and be satisfied with Mr. Hunter's original conclusion.

"*Cape of Good Hope;*
May 24th, 1816."

For Dr. Gordon's paper, see our Journal, vol. xxxii. page 223; and for Mr. Davy's former paper, see vol. xxxiii. p. 113.

Highly as we respect the physiological powers of Mr. Hunter, and the chemical accuracy of Dr. Davy, we cannot help suggesting, purely for information sake, whether there is not yet something undecided in the question. Mr. Hunter's experiments, and some of Dr. Davy's, were made on cold-blooded animals. In these we might, indeed, have expected the common chemical effects of the evolution of heat by consolidation; but not the generation of heat from action during animal life; because these animals have not a standard heat. Dr. Davy's last experiments were made on sheep, who possess that property. From a perusal of his very accurate and frequently-repeated remarks, we venture to suggest whether the experiment might not be best made in *a deep* vessel, graduated to 100°, and the thermometer raised, not to the surface, but to the lowest part of the coagulum when sufficiently formed?

We have, also, a remark to make on Dr. Gordon's paper. His first experiment was on blood taken from the femoral artery of a dog. The blood began to coagulate *one minute* after it had been received into the vessel. This was earlier than commonly happens, and speaks a greater degree of action, consequently a probability of more heat than in the ordinary course of things. In this instance the thermometer was raised six degrees of Fahrenheit. When the experiment was made on human venal blood, it was always during inflammation, and the thermometer was raised twelve degrees Fahr. Here, then, was increased action, and such an increased action as is always attended with increased heat in the living body: Whether this had any influence on the different results, we pretend not to say. On turning to Mr. Hunter's Treatise, p. 27 and 28, we see that his first experiment was made on human blood, with the caution of raising the vessel to a proper temperature, as we have suggested above; yet even then the blood, instead of becoming warmer, cooled rather faster than other blood placed in the same temperature, but not in the act of coagulating.

Instructions to the Apprentices of Surgeons.

It has long been our intention to answer, in a systematic form, the very laudable enquiries of Juvenis concerning the best mode of improving his time during his apprenticeship. Our only objection has been, that the far most considerable part of our readers might

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might feel little interest in such a subject. Yet many of these may have sons or young people whom they would be glad to see engaged as Juvenis wishes to be. To others we can only say, that we shall be thankful for their animadversions on our own remarks, or for their original observations.

Introductory to the subject, we have selected a few passages from Mr. Stevenson's* Oration before the Medical Society of London. We hope that gentleman will not feel offended at our presenting in writing what he apologized for offering orally so soon after the unexpected demise of Mr. Royston. Perhaps, however, the very haste with which the oration was written may be to its advantage, as it is not uncommon to spoil a good composition by too many attempts at refinement. Our limits will permit only such passages as are particularly to our purpose, by showing the dignity of our profession, the manner in which it has been studied at different periods, and, most of all, the advantages enjoyed by the present generation.

For this reason, we take no notice of the very eloquent apostrophe concerning the human fabric, its liability to disease or accident, and the consequent necessary introduction of medicine in some form at the earliest period of mankind; nor of the rude state of the art under the Babylonians and Egyptians. In reverting to its improvement by the Greeks and Romans, the orator descanted with equal learning and eloquence on the writings left us by Hippocrates, Galen, Celsus, and Aretæus. Of these he remarked, that, having few remedies, and a very imperfect knowledge of human, still less of morbid, anatomy, their practice must have been feeble, and, for the most part, the offspring of mere experience. Yet these very circumstances obliged them to attend more closely to the form of disease, which they could often trace throughout, without confounding its true symptoms with the changes induced by our more powerful remedies. For this purpose, their writings are worth the care with which they have been preserved, and themselves to a portion of those divine honours which were bestowed on the first family of physicians. If the employment is now less dignified, it is more important in proportion as it is better understood.

It was well observed, that, "by the proper exercise of this godlike art, we possess the enviable power of doing good to our fellow-creatures, in a way the most necessary to their wants, and most interesting to their feelings. By this we are enabled to confer that which sick kings, if cut off from the source of relief, would not hesitate to purchase at the price of their crowns;—that which the most exhaustless wealth alone cannot command, nor state nor rank bestow. We shall be able, by the diligent attainment and exercise of medical knowledge, to alleviate and remove disease, the most distressing and the most insupportable of human afflictions; and to substitute the blessing of health, 'which he who

* Oculist and Aurist to several of the Royal Family.

possesses

possesses has little more to wish for, and he who is so unhappy as to want wants every thing with it.' Hence, physicians, properly qualified, and duly fulfilling the duties of their important vocation, have, in most civilized countries, been held in the highest veneration and respect, and, in some foreign states, have been advanced to lofty civic honours."

The profession of physic, Mr. S. remarked, although not possessing so many allurements as those of divinity and law, is by no means barren of attractions. It opens the way to reputation and wealth, and raises the successful practitioner to a level, in the intercourse of common life, with the highest classes of society. It must be acknowledged, however, that the exercise of the medical profession is not always attended with the most pleasing intercourse. It views human nature in the most unfavourable and too often fretful moments, when it is almost impossible to please, or to avoid even offence by its best services; so much foundation is there for Dr. Johnson's very striking picture of it, viz. "that it is a melancholy attendance on misery, a mean submission to peevishness, and a continual interruption to pleasure."

The requisite qualifications to enable a physician to practice the arduous duties of his vocation with advantage were next detailed. The communication of medical knowledge through the medium of the discussions of the Society were ardently recommended; and an eloquent tribute paid to the memory of the deceased President, Dr. Lettsom.

After remarking on a few of the errors that have at different times prevailed from the introduction of ill-founded theories, Mr. S. justly observed, that "it is hard to say what is the prevailing theory of disease. Many morbid phenomena have been referred to the mysterious agency of electricity and galvanism." "Our attention is, at present," said our author, "more particularly directed to the functions of the digestive organs; and, of these, the liver has had the imputation of giving birth, like Pandora's box, to almost innumerable descriptions of evils. The bile, in the character of excess or defect in quantity, or vitiation in quality, is reproached with being the prolific parent of a dreadful catalogue of nervous, dyspeptic, arthritic, and various other complaints, of the most discordant nature and protæum form." The due and healthy action of this viscus, however, the orator admitted, is of the greatest importance in the œconomy.

Our limits will not admit of our following the learned orator through his ingenious view of this subject: we must, therefore, hasten to conclude, by noticing a few remarks made by Mr. S. respecting Amaurosis. "This disease is universally admitted to consist in an impaired or total loss of sensibility of the nerve appropriated to the sense of vision, the tunics and humour of the organ retaining their natural transparency. Whatever causes are capable of deranging the functions of the optic nerve, by acting directly upon its origin in the brain, or its expanded termination in the retina, or, lastly, by its sympathy with some remote viscus, as

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as the stomach, may (said Mr. S.) become the exciting cause of this complaint. Now, as these are various, so must the modes of treatment be equally diversified. Hence it follows, that, to attempt the cure in all instances by the same means, as is too commonly done, by stimulants and nervines, on the supposition that the disease arises from a weakness or torpor of the nerve, must be no less irrational than unavailing.

During the last few months, Mr. S. had met with several cases of this disease, characterized by so complete a loss of sight, that the patient was able to distinguish only the outlines of objects, or luminous rays, from total darkness. The pupil was fully and immoveably dilated, without any appearance of fulness of the vessels of the conjunctiva, or more than a sensation of very slight tensive uneasiness in the globe of the eye. The disease commenced, in all the instances, very suddenly, chiefly in the night; and was not preceded by any of the usual precursory symptoms. The patients were of both sexes, of various ages and stations in life. In some subjects one, in others both eyes were affected, without any preceding or accompanying indisposition. After very careful and minute enquiry, Mr. S. succeeded in tracing the origin of the attack to exposure of the eye to the partial application of cold air, when the body was preternaturally heated.

With regard to the pathology of the disease, time would not allow him to enter into particulars, which, however, we hope he will shortly be induced to lay before the public. He seemed disposed to suspect, that the blindness in these cases arose from the sudden repulsion of blood from the superficial to the deep-seated vessels of the eye, in which, perhaps, there might previously exist a *partial* plethora. "The defect, therefore, of vision in these instances," Mr. S. suggests, "is probably the consequence, not of an indefinable and inexplicable torpor, but of a direct compression of the fibrous substance of the optic nerve, by the sudden enlargement of its central artery, or of its medullary expansion in the retina, by the blood-vessels so abundantly distributed through its pulpy texture becoming, from the above cause, incidentally and preternaturally over distended." Without contending for the accuracy of the theory suggested, Mr. S. had the satisfaction to add, what is of much greater importance, that, by means of active general and topical depletion, each of his patients, in the several cases to which he alluded, obtained the speedy and complete restoration of sight.

The Oration was very numerously and respectably attended; and there is reason to regret, that the learned Orator could not be prevailed upon to print it, as it is a production equally creditable to the Society and its author.

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CRITICAL ANALYSIS

OF RECENT PUBLICATIONS,

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

Additional Reports on the Effects of a Peculiar Regimen in Cases of Cancer, Scrofula, Consumption, Asthma, and other Chronic Diseases. By WILLIAM LAMBE, M.D. Fellow of the Royal College of Physicians. 8vo.—Pp. 526. Mawman, London, 1815.

OUR readers will recollect this candid and eloquent writer. The present may be truly said to be a counter-part of his former labours, written with the same earnestness, the same benevolent intentions, the same display of learning and modern reading, and we feel obliged to add, the same adherence to a system. In the preface, we are informed, that he has purposely avoided all refined reasonings about the nature of the matter which, insinuating itself into the body in unsuspected vehicles, undermines its powers and lays the foundation of fatal diseases.

"It is not (says Dr. L.) that I think any thing which I have formerly advanced on these subjects untenable or visionary. In fact, the more I have considered the subject, the more have I been convinced of the general correctness of the opinions I have delivered. But several experiments which I have made, are still unfinished; other employment, particularly the attention due to this publication, having occupied my time. When I have completed the inquiries, in which I have engaged, I shall probably publish them in a separate form. This may be more useful, than blending matters more strictly scientific with things designed for the general reader and common utility."

Whilst we cannot help wishing, that the present publication had been delayed till these facts were ascertained, we are forced to admire the good intentions of the writer, who, from a sense of duty, ventures to offer his doctrines to the world without all the support he conceives they will ultimately receive.

The first chapter begins with some notice of the manner in which his former work was received; by some, with candor to the author and advantage to themselves; by others, in a manner which it is evident the author feels more than he ought, or than he is willing to believe. Some very fair remarks follow

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on the imperfect state of medicine, practical and theoretical, on the similarity of disease in all ages, and on the erroneous reasoning of physicians, founded, for the most part, on the erroneous philosophy of their day. This concludes with some compliments to Hippocrates, which, how much soever they may be deserved, we conceive are, in this instance, misplaced. We have always considered that difference which Hippocrates remarked in the inhabitants of different countries, and the similarity of those in the same district, rather as the effect of consanguinity preserved from the patriarchal manners, than from either the air, the water, or any other locality; and we are confirmed in this opinion, by reflecting that all these similarities lessen in proportion as a race becomes more mixed.

The preceding chapter commences with what is always considered an unfair mode of reasoning, viz. an inquiry why man is made obnoxious to so many physical evils.

"It has been taught, both by antient and modern philosophers, that the universe is, upon the whole, a perfect work; or the best that could have been possibly made. It has been hard, however, to reconcile the existence of evil with this hypothesis; and those, who have attempted to solve this knotty problem, have contented themselves with supposing, that it has been the result of some inevitable necessity. One of the antient sages adopted this explanation to account for the diseases of men. Crysippus was of opinion, that it could never have been the aim or first intention of the Author of nature, and Parent of all good, to make men obnoxious to diseases; but that while he was producing many excellent things, and forming his work in the best manner, other things also arose, connected with them, that were incommodious: which were not made for their own sakes, but were permitted, as necessary consequences of what was best."

However unsatisfactory all reasoning must be on subjects which we never can comprehend, we are better satisfied with it than with Dr. Lambe's remarks.

"This certainly (says he,) does not appear to be entertaining very exalted notions of divine power. To suppose, either that diseases are not real evils, or to feign an hypothetical necessity for their existence, and to pronounce it impossible for omnipotence itself to preserve the human body from them, (for this account involves, I think, one of these suppositions,) appears an equal extravagance.

"When we consider the tendency of nature to perfection in all her works, and that this tendency is in nothing more apparent, than in the structure of animal bodies, it appears indeed a strange anomaly, that the human frame, the master-piece of the creation, should be so liable to derangement and disease. If I may say so without irreverence, it appears as if the most beautiful of designs had failed from error and want of wisdom in the execution. More

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than half the race perish in infancy, and, of the remainder, a large portion are the victims of pain and suffering. Of those, who have strength sufficient to arrive at manhood, the greater part are doomed to have little more than a glimpse of life, and to perish prematurely. Of those even, who appear strong and healthy, if we examine narrowly into their habits, or their feelings, we shall find hardly an individual, who will not acknowledge some defect, some secret uneasiness, something that diminishes his present comfort, and which excites apprehension for the future. In some, the solids destined to the support of the body are unequal to their object, and the bones yield to the incumbent weight: in others, the moving powers have a similar defect, the muscles hardly overcoming the resistance opposed to them. The senses are, in many, dull and imperfect; in many, they are preternaturally acute. The vital functions are often performed laboriously; the circulation is either sluggish or too rapid; the respiration straightened or hurried; the digestion is ill performed; the stomach oppressed with crudities; the secretions irregular; even the element, in which we are placed, appears ill suited to the organs, to which it is destined to be applied; some cannot bear the coldness of the atmosphere; to others its heat is equally intolerable; and so strangely constituted are individual constitutions, that an air loaded with mephitic vapours appears better suited to them, than one that is pure and uncontaminated.

"Man prides himself upon possessing an intellect superior to that of all other animals; and to take reason for the guide of all his actions. But, as far as happiness, or the mere absence of suffering, is the end of action, the reason of man appears to be inferior to the animal instinct. A brutal ignorance debases and enslaves the great mass of mankind. They appear incapable of acquiring knowledge; of perceiving the connexion of the ideas, which are laid before them; or the obvious relations of cause and effect. Thus they are void of all independence of thought or principle; a blind adherence to custom, or a slavish submission to authority, becomes the rule of life; and is substituted for self government, and a manly obedience to the voice of truth and the dictates of reason.

"The moral traits are as much distorted as the physical. The affections, which should link man to man, and make each human being regard his fellow creature as his brother, are choked and almost extinguished. Envy, hatred, jealousy, and all the malignant passions, predominate in the human bosom. The infliction of pain upon sensitive beings, instead of exciting compassion, is, with the multitude, a source of pastime and merriment. To such a degree are the strongest instincts of our nature perverted, that the first principle of self preservation is finally destroyed; the hand is raised against the existence of its possessor; or the parental arm against the life of the offspring.

"Such is an outline, too faithful, of the habitual condition, perhaps of the majority, of the human species. I omit the still darker

darker shades of the picture; the tragedies which perpetually embitter domestic life; our crowded hospitals, from the gates of which, shoals of supplicants are, by necessity, repelled; our surgical operations, the very thoughts of which make the blood run cold; and our madhouses, the interior of which presents views, from which sensibility shrinks with horror and affright."

We shall not stop to ask the author, what proof he can find of any thing perfect in all that we know of mortality. These are not questions that can be solved, and, in these days, they rarely occupy the pages of philosophers or devotees. All we know is our own imperfection, and even in this we discover a first over-ruling and benevolent cause. We have said thus much, that we may not revert to the subject again, for it is perpetually occurring, and, where we least expected it, in so learned a writer.

The rest of the chapter is on the influence of air and water on the human frame, which, as Hippocrates was the first authority, is now traced in the writings of Linnæus, Lind, Trotter, Cabanis, M. Hoffman, Barton, Heberden, and Reeves; besides Bruce, Turner, Coxe, Staunton, Marsden, with other physiologists and topographical writers. From these the author concludes, that the sole cause of göitre is the water drunk in these places. The objections to this generally received doctrine are, it is true, stated; but, in our opinion, in a manner much more partial than we should expect from so honest, and, in other respects, so enlightened an author. We shall extract only a single sentence in explanation of our assertion.

"Others, (says Dr. L.) who speak slightingly of this opinion, content themselves with asserting, that the water was pellucid and well tasted. Such is the objection of Dr. Reeves; an objection certainly of very little weight, when unsupported by more particular examinations."

Now, Dr. Barton proves, that all these impurities of water, as far as they can be discovered, exist where göitres are rarely seen; and, it is well known, that the water about the Alps is particularly pure. But, on this occasion, the strongest argument produced by Dr. Reeves is entirely passed over, which is, that of the inhabitants drinking the same water, and breathing the same air; only those of a certain description, we might almost say, of certain families, escape; and that, in these, the females are more frequently affected than the males. If this would not lead us to impute disease to some family predisposition; an incident mentioned by the author himself, seems at least to encourage such an opinion.

"On this subject (says he,) I can speak a little from my own experience. In the parish of Horne, in the county of Surry, (a village six or seven miles to the south of Ryegate,) is the house of a laboring

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a laboring man, whose family consisted of five daughters; of these, four, whilst girls, became affected with bronchocele. In all, the disease was formed on this spot; but it continued, and even increased, after they had left it; going out to service. I saw one of them, a woman, perhaps of twenty-four, married in the neighbourhood: in her the gland continued swelled; but she said it was much diminished. The domestic water of this spot was a soft water, mingling readily with soap; it had a peculiar, and not agreeable taste; it deposited a small sediment by boiling, and showed (by oxalate of ammonia) a slight calcareous impregnation; but no more, probably, than is common to all the domestic waters of this country. I used the process described in another place, by which I determined that it was much impregnated with putrescent matter, which I believe to be much more noxious than the calcareous impregnation: and I doubt not, therefore, that this water had an active share in forming the diseased constitutions of these females."

Here then was a family complaint confined to the females. We have no account of any others affected in the same manner, though living in the same village, and drinking the same water. The girls too, were seized early in life, that is, before others exposed much longer to the imputed cause had felt such an effect; and, when these girls were removed from the imputed cause, the diseases continued and even increased. In the only one, as far as the account informs us, who married and remained on the spot, or in the neighbourhood, the gland is said to have been much diminished; in other words, the disease increased in those who, by engaging in service, were removed from the spot, and lessened in her who appears to have remained exposed to the imputed cause.

The fourth chapter is, in some measure, statistical. Mortality, we are told with much truth, is subject to fixed laws. This no true philosopher will dispute, but all will admit the great difficulty of detecting those laws, and the "number of erroneous opinions on that subject." The artificial nature and identity of constitutional diseases, is to us rather an intricate expression, which we have not found solved by our author, at least to our satisfaction. We meet, indeed, with many remarks so well established, that we are sometimes at a loss to know why they are produced. Let us take, for example, the following paragraph.

"It is obvious, from many considerations, that the quantity of mortality is quite inconsiderable, when compared to the general quantity of sickness; though this is a subject, on which it is impossible to form a calculation. Men are not always short-lived, because they are unhealthy: nor is great, and, apparently, very dangerous illness, in different stages of life, incompatible with arriving, finally, at old age. Little dependance, therefore, can be placed upon solitary observations with regard to the effect of particular

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ticular habits, or modes of treatment. Few are duly qualified to form a just estimate of such things. I am apt to think that, in this respect, even the sage Cornaro deceived himself. It becomes then of the first consequence to view mankind, as much as possible, in the mass, and to obtain, as far as it is in our power, general results."

On this passage we will offer a few remarks, which may save ourselves and our readers much trouble in the review of what may be not improperly called systematic writers. First, if the quantity of mortality is quite inconsiderable, compared with the quantity of sickness, we conclude, that most diseases cure themselves in spite of the doctor; and, as some new irritation will, for a time, usually supersede a chronic indisposition, we may thus account for the partiality each systematic physician has for his favorite remedy, whether purgatives, alterative doses of mercury, distilled water, James's powder, or any other preparation of antimony, tar water, Baume de vie, or, perhaps, a change from white to brown bread, or other apparently less important alteration in diet. Thus we perfectly agree with Dr. L., that little "dependance can be placed on solitary observations," and still more, that "few are duly qualified to form a just estimate of things;" that even "Cornaro deceived himself." Not, however, as we believe, in his own case, but in assimilating his own wants to those of the rest of mankind. It is not, therefore, to be wondered, if Dr. Lambe, like some others, should "unexpectedly meet Mr. Abernethy on a road where he did not expect to meet a surgeon."* "With regard to the generation of *constitutional* disease, (says Dr. L.) we may, I think, safely confine ourselves to four principal agents: these are, impure air, impure water, improper aliment, and fermented liquors." The last would have appeared to us a means of purifying water.

The author next considers the power of habit, showing that, in the animal part of man, nothing bad can become good or innocent by habit, though the immediate ill effects may not be perceived. Hence, that though men may accustom themselves to animal food, still that they suffer much by it. To the want of animal food, he imputes the mildness of the yellow fever, if it ever attack negroes. To the more sparing use of it, he imputes the greater exemption from the same disease that the inhabitants of the southern part of Europe enjoy, when transported to vertical regions; without considering that the change must be less in proportion as the subjects have been more accustomed to a warmer climate. Impure air, bad habits,

* Medico-Chirurgical Transactions, vol. vii. p. 513.

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and improper diet, in all great cities, we admit, may all contribute to the causes of greater mortality. But a regard to the profession obliges us to ask, what sort of company Dr. Lambe must have kept when he penned the following paragraph.

"One would be apt to imagine, from the common practice of most of our physicians, and still more of our medico-chirurgeons, that excess and intemperance were the regular methods of curing diseases. They have been laboring, during almost the whole of my medical life, to prove to the public, that the doctrines of abstemiousness, inculcated by several of our predecessors, are a mere prejudice and error. In almost all chronic diseases, to forbid the use of vegetables is a part of the established routine. If there be a little heart-burn or flatulence, all vegetables are instantly proscribed. Infants, even, are loaded with made dishes, and their breaths smell of wine and strong liquors. Nay, to such an excess are these abominations carried, that, when their stomachs revolt against these unnatural compounds, with instinctive horror, and the importunities of nature cannot be wholly resisted, a little fruit is held out to them as a sort of premium, and as a reward for forcing down the nauseous farrago, which they loath."

A number of instances are now recorded, in which temperance has produced very extraordinary effects in health and longevity. We are not in the least disposed to dispute any of them.

The objections made against vegetable food are next considered. "The paleness and loss of flesh." This is shown to be advantageous, and the well-known observation concerning *summa athletarum valetudo* is brought as an authority. The arguments, "that the feeble require nourishing diet; the differences of constitution; the uneasiness some feel from vegetables;" with many other carnivorous arguments or excuses are shown to be futile. All this might be well enough, but the conclusion of this chapter is really too bad for common stomachs in Great Britain. We are told, that all culinary vegetables are rendered less wholesome by boiling, and that it would be better we should eat our carrots and cabbages raw. This is, however, a little qualified afterwards, and the following conclusion of the chapter amounts nearly to an anathema.

"There may be other parts of our dietetic habits, which it would not be improper to examine. The use of tea and coffee, for example, is by many suspected, and, perhaps, not without reason. But I abstain from subjects, on which I am conscious that I have nothing of value to offer. I shall therefore conclude with making a single enquiry with regard to bread, which I shall leave to the determination of those, who are competent to pronounce on such questions, and who have proper opportunities of observations. What, I would ask, is this?—Is the farina of wheat, or any other, improved or injured, is it made more or less wholesome, by fermentation?

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tation? or, in other words, which should be preferred, leavened or unleavened bread? The leavened or fermented bread sits lighter upon the stomach; but this is no proof that it is really more salubrious. We know very well that the coarsest black bread, which is as heavy almost as a lump of dough, gives much nourishment and strength. A sensible writer says, that he 'has heard a sea-faring man observe, that he was always sensible of a diminution of muscular strength, when he left off the use of biscuit, and eat common bread.'* A more venerable authority has given a corresponding testimony. His words are 'leavened or fermented bread is lighter in digestion, and passes easily through the body; but unfermented bread does not go off so easily, though it nourishes more, where the stomach can bear it.'†

"If these observations are correct, the fermenting of bread, and the cookery of vegetables, are practices adopted by mankind from the same motives: they accommodate the matters, to which they are applied, to the factitious delicacy of our digesting organs; which is effected, however, at some expense of their strengthening and nutritive powers."

The author improves much as he goes on. Though the effects of noxious habits may be slow, they are not less sure. Vegetable food is absolutely necessary to the perfect organization of man, and the want of it produces that imbecility so common in Iceland and Lapland. The natural progress of society is by an improved cultivation to render vegetable food more plentiful, and lessen the quantity of animals raised for food. In short, the use of animal food is a relic of barbarous manners. Of the readiness of barbarous nations to consume animal matter in any form, the reader will believe Dr. L. finds no difficulty in producing proof. We copy the following paragraph, leaving our readers to apply it to themselves, or the writer. It is well introduced by a quotation from that mystical work of *Plato de Anima Mundi.*

"It is allowed that men should be guided by reason: no truth can be more evident. But let us well understand what is meant by the term. By reason we cannot surely mean that feeble glimmering of light, which just enables the mass of mankind to grope through the gloomy paths of life, and to pass a few fretful years in a vain pursuit of happiness. The reason of individuals (if, indeed, it deserves the name) is commonly just sufficient to conduct them through the habitual occupations of the day: but the bulk of mankind are quite unable to comprehend the bearings of a complex argument; and still more to trace effects to their remote causes. Nor is this the case with the vulgar merely; for so limited is the

"* Dr. A. P. Buchan, in Sinclair's Code of Health, vol. ii. p. 109."

"† Hippocrates de Diætâ, lib. ii. x."

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human capacity, that the most exalted genius, and the deepest powers of investigation, have not been able to raise their possessors above the errors and prejudices of their age, on subjects which have not been made the peculiar objects of their reflexions."

Our author now proceeds to some remarks on spirituous and fermented liquors, in which we feel no inclination to differ, thankful to find we are permitted the use of spices. If "man by nature is not a drinking animal," we conceive he must be out of his place in any but cool or humid countries.

Having thus gone through the general chain of reasoning, Dr. L. proceeds to offer several cases and observations in confirmation of his doctrine. These, however, are introduced by some very just remarks on the "errors and deep-rooted prejudices which pervade the general mass of mankind.

"Yet, hopes are still entertained, that, as the understandings of men become enlightened, beneficial changes may be introduced into the general habits of society. This is, however, a remote, and not a very cheering prospect. But to do all that is within the feeble powers of individual exertion to diffuse knowledge, and the blessings which follow in its train, is no more than striving to pay that immense debt, which every one owes to the community, who has received, from the sufferance of his fellow men, the exemption from servile and laborious occupations, and the inestimable advantage of mental cultivation."

The first case is of atonic gout. It is told with all the interest which the neatness of such an author's style never fails to produce; but, as it occupies thirty pages, we can only offer a few outlines. After suffering certain pains in the extremities, the head became affected, which induced the patient entirely to abandon animal food and fermented liquors. From this change no inconvenience ensued, but the relief was insufficient.

"In the month of May, 1803, he saw reason to believe, that deleterious matter was introduced into the body with the water that is habitually employed; and he determined, therefore, to try the effect of using none, but what was made perfectly pure by distillation. When he found that the uneasy state of the stomach was abated by this simple expedient, the delight received from the discovery may be more readily conceived than described. And, indeed, the real benefit produced was very considerable. He found a considerable improvement of muscular strength. In about nine months his sick headachs left him; and from that time to the present hour he has not experienced this great inconvenience once.* The constant uneasiness of the stomach soon become

"* He has been informed by others of sick headachs having been relieved by distilled water, particularly by a gentleman more than sixty years of age."

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soothed, and in about fifteen months it was hardly sensible. All the dyspeptic symptoms were relieved, the stomach was no longer loaded and oppressed with flatulence; and the bowels performed their regular functions without the aid of medicine.

"Regularly in the month of October he had been subject, for some years, to severe attacks of pain in the jaws: so much that he used to take sixty, eighty, or even one hundred drops of tincture of opium to gain relief. This kind of attack recurred, the first year after the use of distilled water, with its accustomed violence. But since that time it has ceased entirely."

Still, however, disease occurred from year to year for nearly nine years after the regimen was begun. Without going through the whole, we shall only mark a few passages to show how "accidentally Dr. Lambe met a surgeon in the road," and to doubt whether a much more expeditious mode of cure might not be discovered by blue pill, or by purgatives, or some other favorite medicines, which would produce their effect in less than nine years, and without all this self-denial.

"Nor has the stomach (we are told) suffered from any vegetable matter, though unchanged by culinary art, or uncorrected by condiments. These results, so opposite to common experience, and even to his own, in the former part of life, can be accounted for only by considering the changes introduced into the state of the digesting organs by the previous use of the purified water."

That the blue pill is a much more expeditious and more agreeable remedy, we presume, not only because it effects in a few days what Dr. L.'s plan requires nine years to accomplish, and without these privations; but, because it does not induce those bodily sufferings in the periphery, which, notwithstanding all the privations, the patient is forced to undergo.

"To finish, therefore, this long account, (says our author):—After four years and a half, the gouty affection still continued, but its strength became so much diminished, that the lameness never again appeared. Sometimes there has been a slight stiffness of the heel; sometimes pains of the toes, with redness and soreness of them all. Through the whole of the seventh year (1812) there was a stiffness and some pain of the left knee. But, finally, in the eighth year, the whole of these external pains have disappeared, with the exception of that trifling affection of the head, which has been mentioned.

"Nor has this gouty disorder been the only external disease, which may be said to have been induced by the vegetable regimen. Formerly he hardly knew (as has been said) what it was to have a cough or a cold: the stomach or bowels were on all occasions of exposure the principal sufferers. But, at the end of the second year of the vegetable regimen, he had angina, infinitely more severe than he had ever suffered before. The attempt of swallowing was perfect agony. He has since had many severe coughs and

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colds, attended with much defluxion. There has been also much itching on the surface of the body; particularly on the head, the hams, and the legs. But to compensate for these trifling evils, now the stomach and bowels never suffer."

By this passage, we maintain that the blue pill is by far the best remedy, as it not only restores the digestion, but prevents all other constitutional diseases, which induce local effect; and this, by Dr. L.'s confession, is much more than a nine years privation can promise. The next case is "Disposition to Phthisis Pulmonalis." The third pustulæ (pimples)." The fourth "Disposition to Apoplexia Hydrocephalica." Four cases of this kind occurred in one family, and were all successfully treated in a similar way. Another case of phthisis follows, after which we have the account of a brother author and reformer in diet, Mr. Newton, which is thus summed up.

"It is necessary, in order to form a fair judgment of this case, to pass in review its most striking points. They are shortly these: Mr. Newton began to use distilled water in 1805, and adopted the complete regimen in 1808. From this period of 1805 to June 1811, he had, upon the whole, very little asthma; hardly a single regular fit of any duration; and we were persuaded that the disease was in a manner eradicated. But, to our disappointment, and in a certain degree to our mortification, there has been, now for four years, an annual paroxysm declining, upon the whole, but not quite uniformly in severity. It has regularly come on in the month of June; which whole month it occupies, and encroaches a little upon July. Such is its present habit; and such we may suppose that for the present it will continue. I shall briefly attempt to explain these phenomena.

"First, it must be allowed, that the great freedom from asthma, for near six years, was not entirely due to his regimen. Diseases, we know, will change their forms. Asthma will end in consumption, hydrothorax, dropsy, disease of the heart, or other fatal maladies. It is obvious, from the delicacy of Mr. Newton's frame, and the great severity of his disease, that he is not formed, under common habits, for long life. I am, therefore, satisfied, that there was, about the time that Mr. Newton adopted a change of habit, some secret constitutional change, which concurred with his diet to keep off the asthmatic paroxysms."

As the author's theory appears to us quite new, we conceive it our duty to give it in his own words.

"I cannot (says he,) withhold offering in this place a conjecture with regard to the regular recurrence of the asthmatic paroxysm at the same period of the year, which has occurred now for four successive years.

"I suppose that it is allowed that the lungs themselves are the primary seat of the disease; and I will suppose further, that the membrane investing the bronchiæ and the air vesicles of the lungs

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is the part immediately affected. It must be presumed that this membrane is liable to the same sort of diseases, as the other membranes of the body; but the consequences will depend upon the particular situation and functions of the part.

"Now, among other affections of membranes, there is one which, though very obvious, is not often adverted to; it is, that there takes place a species of exfoliation or sloughing; the membrane is destroyed, it is thrown off, and is regenerated. This whole process, of course, takes up some time; during which there must, of necessity, be a derangement of the functions, and a suffering of the individual.

"We see this phenomenon on the external surface of the body: the epidermis peels off; and, occasionally preserves its continuity, and the form of the part which it invested. It comes off the hand or foot, like a glove or stocking.* At other times it separates in flakes; which is a daily occurrence. But the intestinal evacuations give us more frequent and incontestible evidence of the same fact. Every one must have observed, occasionally, membranes evacuated preserving the form of the intestine. It is much more common, at the close of a diarrhœa, to observe a number of flakes, or films, floating in the liquid matter of the stool. This is commonly the solution and termination of the disease. These films can be nothing else than an exfoliation of the internal or mucous membrane of the intestine.

"It can hardly be doubted that the stomach itself is subject to a similar affection, though it is not possible to ascertain the fact by ocular proof. A person is seized with a constant vomiting, rejecting every thing which is taken into it, which lasts perhaps a month or six weeks. It will then cease, as it were spontaneously, and be no more heard of. What rational account can be given of such a phenomenon, unless it be what I have often suspected to be the fact; that the internal coat of the stomach exfoliates, and is regenerated?

"I have had reason to suspect that the bladder is occasionally subject to a similar affection: and, in general, that none of the mucous surfaces are exempt from it.

"We may readily transfer these observations to the mucous membrane lining the bronchiæ. It gives, I think, a more rational account of most of the phenomena of the asthmatic paroxysm, than any pretended spasm upon the vessels, or membranes. It accounts also, not inaptly, for the regular return of the disease. We know that the vital powers of all newly formed parts are weak. It is, therefore, easily conceivable, that under whatever circumstances the membrane has once perished and been regenerated, the same phenomena will recur under similar circumstances. It may be supposed to have received the same sort or quantity of vital power,

"* Examples of this may be seen in Mangeti Bibliothec. Scriptor Med. tom. ii. p. 62.

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as the horns of the stag, or the skin of the snake.—It is enough, however, to have thrown out the idea."

We are of the same opinion.

Another case of asthma convulsivum, with which Dr. Bree could do nothing for two years, was much relieved by this regimen in the course of ten months; and, after seven years' perseverance, the patient is only occasionally affected with pain in the side, and the bowels are not quite free.

We pass over a few other cases to make room for the chapter on Carcinoma, a subject which made a considerable part of Dr. L.'s former book,* but, in this, is confined to a chapter or two.

"I do not wish to conceal, (says Dr. L.) that the testimony which Mr. Abernethy gave to the accuracy of my statements, (as far as he was concerned) was given at my own request. For it is a fact, that Mr. Abernethy was so struck with the effect of the distilled water, in the case of cancer that he put into my hands, that he made upon it this pointed and remarkable declaration. 'I cannot be insensible, (he said,) to the effect of this treatment. Whether it will cure the disease or not, I cannot tell; but I can have no doubt that it will prevent it.'

"Mr. Abernethy, in consequence of what he saw, ordered the distilled water, at this time, in some other cases. One was a case of cancer of the rectum. It was a desperate case, in the very last stage of the disease; and the patient soon died. But the sufferer declared that it gave him much ease, and that it was the only thing, from which he had appeared to receive benefit. This declaration, or something tantamount to it, Mr. Abernethy told me, with the addition, 'that he should at all times be willing to acknowledge it.'

"This leads me to mention the circumstances, which induced me to be more sanguine with regard to the hoped-for result of cases, that were very far gone, than was justifiable by the event. I do this the more willingly, in order to guard others against a similar sort of deception, which will certainly occur again, under the same circumstances. What I allude to is as follows.

"In cases where the vital powers are greatly reduced, the evident change induced by a change of regimen, and the apparent advantage of such a change, is incalculably greater, than where the vital powers are more perfect; and where, consequently, the immediate danger of the patient is much less. This fact has appeared in a great variety of examples. I will cite a few that were remarkable.

"In a case of carcinoma of the mamma, a middle-aged woman adopted the regimen; and the consequence was, that the pain, which had been constant and severe for many months, was relieved, and almost removed in one fortnight. Such a circumstance could

* See our Journal, vol xxi, p. 506.

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not but cause great delight, and excite hopes, that much good might be done in a short time. But these hopes proved fallacious. The woman died in less than six months; being cut off, as I judged from correspondence, by a peripneumonic affection.

"Another woman, laboring under ancites, received great, and almost instantaneous, benefit from the regimen. The abdomen began quickly to diminish in bulk, and for more than three months she appeared to improve in health daily. But then the benefit ceased, new symptoms supervened, and in less than another month she died.

"A little boy, of about four years of age, who was epileptic, was made to try the same plan of diet. The effect was highly pleasing, and even astonishing. After the course of a fortnight, the convulsions wholly ceased; and the head, over which he had appeared to have lost the power, became, in a great degree, upright. But he continued very stupid, with the sensibility so much impaired, that he seemed scarcely to be impressed even by fire applied to the skin. In about two or three months, the lower limbs became dropsical, the strength failed, and the child soon died.

"These, and several other similar events, have instructed us how little dependence is to be placed on the first changes, however imposing they may be; they soon showed that these sudden changes denote a great diminution of the powers of life, and would not have taken place, had the powers been perfect. In fact, the cases, which have ultimatively succeeded the best, have been those, in which the least benefit has been received suddenly: and from the repeated observation of such facts, I am now much better contented to be told, in a bad case, that little or no relief has been received, it may be, in several months, than the contrary.

"I have no doubt that the observation, which caused the acknowledgment, which Mr. Abernethy made to me, was similar to those which I have just mentioned. These declarations were made in the year 1805; and I was, therefore, not precipitate in expecting, that, when Mr. Abernethy was publishing on the subject of cancer in 1811, he should take the opportunity of acknowledging, that in the statement of facts, to which he had been a witness, I had been scrupulously observant of the truth. In that interval, the defect of the original proposal had been detected; and sufficient time had elapsed to have tried the power of the regimen; and to have ascertained, in a good measure, what it could really effect.

"But, though the recommendation which Mr. Abernethy gave was at my suggestion and request, he alone is answerable for the terms in which it was given. In particular, when he says, 'it is after an operation, that we are more particularly incited to regulate the constitution,' it is what I can by no means assent to. But more of this presently.

"Mr. Abernethy says also on this subject, 'I believe general experience sanctions the recommendation of a more vegetable, because less stimulating, diet, with the addition of so much milk, broth,

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and eggs, as seem necessary to prevent any declension of the patient's strength.' On such a subject, Mr. Abernethy is, of course, much better informed than myself. But he certainly never informed me of this general experience; nor did I, during my attendance on the case, which Mr. Abernethy put into my hands, receive from him the slightest hint of such an opinion. No traces of such an opinion are to be found in Mr. Abernethy's works, previously published; not even in the second edition of his treatise; 'on the Constitutional Origin and Treatment of Local Diseases;' published when he had seen the progress of the case we attended.

"Nor was a diet of this kind recommended generally in cases of cancer even by Mr. Abernethy himself, previous to the publication of my 'Reports.' In proof of this I can say, the lady whom we attended, was eating animal food commonly twice a day; under the mistaken notion of supporting the strength, before it was resolved, at my suggestion, to change her diet, in February 1806. This was under Mr. Abernethy's own eye. I do not say it was done by his advice. He, I believe, never enquired into, nor gave any directions, on the subject. I will further say, that, had it not been for my strenuous application, this recommendation would not have been given, even in the place in which it has appeared."

Now, when we perceive this anxiety in claiming a discovery, we should really suppose that it was important proportionate to such anxiety; yet, reflecting that this important discovery concerning a painful and fatal disease, was published eight or nine years ago, and that the present work furnishes only a solitary instance of a scirrhous breast relieved; when, to this, we add the author's observation, that cancer, like all other diseases, is subject to infinite variety of forms; most of all, when we consider that this is the only instance we have heard of, except an authority we shall presently notice, we cannot help doubting the efficacy of distilled water in cancer. The authority we transcribe from Dr. L., with his remarks.

"'In scirrhous tumors, where the patients stamina is good, and particularly where the uterine secretion is regular, the vegetable diet and distilled water have proved very beneficial. The good effects of Dr. Lambe's treatment depend entirely on the natural stamina of the patient.'*

"I entirely coincide with this writer on this point. He has signed himself '*a Dispensary Surgeon.*' I am sorry that the author of this communication (which carries with it strong internal marks of correct observation) should have thought it proper to assume the mask of an anonymous signature; by which the weight which would have been attached to his evidence is considerably diminished."

"* The Monthly Compendium of Medicine, Surgery, &c. for December, 1809."

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Can there be wanted any authority to prove such a fact. Let the reader run over the passage again, and admire with us the readiness with which, and from what uncertain sources, the advocate for a remedy will receive the slightest intimation in its favor.

The other constitutional diseases in which Dr. L. has found advantage from his peculiar regimen, are cynanche laryngea, paralysis, local scrofula, rheumatism, prolapsus nasi, hypochondriasis, asthenia, physconia, leucorrhœa, calculus, carcinoma uteri, besides miscellaneous, communicated by different correspondents.

With much candour a chapter is added on the diseases which have occurred under the regimen. Some notes are attached to the end. The last relates to Mr. Hunter's doctrine and language, which are treated with much ingenuity: but we discover a very common error in confounding different *parts* of the *same order* with *different orders of parts*. We say nothing of the unfortunate expression from a scholar concerning the *eradication* of a disease, as if it had really taken *root*. These, however, are trifles, inasmuch as they are not necessarily connected with the object of the work; of which we trust we have given as fair and as perspicuous an account as our limits will permit.

A Letter to the Right Hon. Lord Binning, M.P. &c. &c. &c. containing some Remarks on the State of Lunatic Asylums, and on the Number and Condition of the Insane Poor in Scotland. By ANDREW HALLIDAY, M.D. Physician in Ordinary to his Royal Highness the Duke of Clarence, and Surgeon to His Majesty's Forces. Edinburgh, 1816. Pp. 84.

WE consider it an important part of our duty to notice books, the object of which is at once to alleviate human misery and improve the knowledge of medicine; and, when, as in the present instance, their contents are judiciously concentrated, so that the reader may readily peruse and comprehend the whole, we are relieved from the difficulties of offering any epitome of them, by producing such extracts as may show the manner in which they are executed, and the kind of information the reader may expect from them.

"From a review (says Dr. Halliday) of the number of insane in the country, and the accommodation of a public nature which at present exists, this active and benevolent magistrate [Sir William Rae] has sufficiently proved, in his report to the Supreme Court of Justiciary, the impossibility of enforcing a proper attention to the comfort and cure of pauper lunatics in Scotland under existing

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circumstances. 'But,' says he, 'if certain public institutions existed, where lunatics could be received on moderate terms, the regulations as to private mad-houses might be made as strict as should be considered expedient, and their observance enforced with every degree of rigour. No complaint on the part of the keepers would then be listened to, as they might resign their occupation, and the public asylum would be ready to receive their patients. In England, such public institutions are established by two acts of parliament; the one 48 Geo. III. chap. 96. and the other 51 Geo. III. chap. 79. By these, each county is authorized to have such an asylum, the expence of the erection and maintenance being paid by the poor's rates; or two or more counties are allowed to join in erecting and maintaining such an institution at their joint expence. Such institutions, coupled with the proper inspection of private mad-houses, would certainly secure proper treatment to lunatics of all descriptions; but the one of these will not do without the other; and if the proper treatment of this most unfortunate description of persons is deemed worthy of attention, it is hoped, that the time is not far distant when these necessary means will be brought into effect. It would appear that there are not fewer than one thousand insane persons in confinement in this country, and that a very great proportion of these are actually supported by parish aid. For the proper treatment of such a portion of our fellow creatures, it is submitted that it much concerns the public that proper asylums should be found. It would only be requisite that the buildings should be erected at the expence of the district; for, with respect to the support of the institution itself, there seems no danger but that it would maintain itself. Patients, as to means, behoved to be of four descriptions: 1. Paupers supported by parish aid. 2. Such as have means of their own, or relations capable of paying nearly what is sufficient for their maintenance. 3. Such as can afford to pay more. 4. Such as cannot afford to pay so much.

"'With respect to the first class, it ought to be made obligatory on all parishes within the district, to send their insane to the public asylum, and they should be bound to pay for them a sum precisely adequate to the expence of their maintenance. There seems no reason why they should pay less. In this way the maintenance of the 1st and 2d classes would cost nothing to the establishment, and the extra expence of the 4th would be more than defrayed by the surplus paid by the 3d class, and by donations, legacies, and other funds belonging to the institutions.

"'Independent of the humanity of such a measure, there appears a clear principle for subjecting districts to the expence of providing such a place of confinement. In the case of other diseases, the public have no direct interest in attending to them, and they must consequently be left to the care of the humane and charitable. But in the case of insanity, the life of every man is put in peril; and accordingly, wherever a lunatic is found at large, the magistrate is called upon to interfere, so as to relieve the public from

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from the hazard they are thus exposed to. If the public are entitled to make this call, are not they bound to find the means by which such persons can be secured? A gaol is no way fitted for such a purpose. In general, the lunatic has committed no crime, and other prisoners ought not to be exposed to the annoyance or danger attending such an inmate. This leads to the observation, that there is at present no provision for the custody of criminal lunatics, the inconvenience of which is felt to a great degree. Such persons must either be left in jail, or entrusted to the uncertain care of friends; and the freedom which many of these enjoy, where this last mode is resorted to, doubtless has often had effect on deranged persons in the commission of crimes. There ought certainly to be one department in Scotland appropriated to criminal lunatics, to which they should be all sent, and from whence they ought never to be allowed to depart while in life. This might be connected with the asylum at Edinburgh; and government ought certainly to supply the means for its erection. In a letter from Mr. Clarke, treasurer to Bethlem Hospital, it appears that government gave to that hospital in 1807, 10,000l.; in 1811, 12,000l.; in 1812, 11,585l.; and in 1813, 39,234l. 1s. 6d.

"'Supposing the expediency of such institutions to be acknowledged, it may be right to look a little more closely to the means of constructing them. The objection to any measure whereof the expence must be defrayed by assessment is obviously that it falls heavy on the landed interest, and there certainly has seldom been a time when that interest has been less able to bear any additional burthen. But it does not appear to the Reporter, that the proposed burthen ought to fall on the landed proprietor. Insanity is an affliction which visits all ranks of society without distinction, and the expences of an establishment calculated for its relief, attach to all of these ranks. This principle was adopted in the Bridewell Act for the county of Edinburgh, being an establishment in like manner calculated for preserving the peace of all members of the community. This establishment is accordingly maintained by an assessment of one shilling annually on every house in the county of Edinburgh rented at above 5l., and a like shilling on every occupier of a plough-gate of land, farm-houses not being charged; and this tax produces 650l. per annum. Supposing 5000l. wanted for the proportion for this county, it is obvious that two shillings on each house would produce 1300l. per annum; which, in four years, would more than give the sum wanted. If it was thought hard that all houses above 5l. of rent should pay the same, it might be enacted, that the lower class should only pay one shilling, while the higher paid three. But, in whatever way this might be arranged, the Reporter is confident, that, while such an assessment would completely accomplish the important object in view, its amount would be felt, or grudged, by no one. If this plan was gone into, it occurs that the management would fall to be vested in commissioners, who should have power to levy the rates, to apportion the districts, to approve of the plans, and to

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see them executed, to choose directors, and fix general regulations for their management, and to conclude agreements with private institutions now subsisting, so as to acquire right to the premises already erected by them, where suitable. It does not occur that there would be any difficulty in these arrangements, if the mode sanctioned by the English Act, where counties unite in the formation of such an establishment, there being one already subsisting in one of them, was adopted. Of such a commission, the Judges of the Court of Justiciary would naturally be the chief members; and provisions would be introduced, by which advantage might be taken of the presence of the judges at their circuits, correctly to ascertain the state of such asylums, and to see that the regulations were strictly adhered to. That court must have felt the difficulty which inferior magistrates every day experience, in having no place where criminal lunatics, or those wandering about uncared for by any one, can be committed. They must also be aware of the grievous effects upon any jail, of having lunatics therein imprisoned; and if, on the whole, it shall appear to that court, that either the remedy here suggested, or such better one, as may occur to their judgment, ought to be adopted, it is hoped that they will avail themselves of the present moment, when the attention of Parliament is so particularly directed to this subject, to give such a recommendation as (when coming from such a quarter) cannot fail to be attended with effect.' "

"It appears, from authentic returns, that in eighty-five country parishes of Scotland there are not less than 387 individuals in a state of mental derangement;—that 102 of them are actually confined, either in private lunatic asylums, or, as is the case with by far the greater number, in the house of some friend or private person;—that only 31 are in public asylums, and that 4 are confined in county Bridewells or jails;—that 250 are permitted to wander about the country in a state of idiotism; and that 198, more than one-half of the whole, are maintained by the parishes or public."

From another return, it appears, that, on the 10th August, 1816, there are only *five* public asylums for the reception of lunatics in Scotland:—

That the total number which these can accommodate is	267
To which may be added the Dundee Asylum, when completed	40
	307
That there are confined in these public Asylums, and in private Asylums, in the county of Edinburgh, with Bedlam and Charity Workhouses, not less than	412
To which add the number from 85 parish returns actually confined, but not included in any of the places stated here ..	102
Total actually in confinement	514

"I visited,"

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"I visited," says Dr. Halliday, "the cells of the Edinburgh Bedlam a few days ago, accompanied by the celebrated German physician Spurzheim; and, although the appearance of the whole is much improved since I last saw them, yet it is impossible for language to depict their wretched state. We found *fifty-four* individuals in that abode of misery, two-thirds of them females; many had scarcely a sufficiency of rags to cover their nakedness, and even the shreds that remained appeared not to have been cleansed of their impurities for months. In a distant cell we discovered a woman, worn out by the violence of the disease, stretched upon a straw pallet, and sinking rapidly to the grave. A *rat* was perched upon her bed: I shall not affirm that this animal had attempted to mangle the exhausted body of the dying maniac; but the sight was horrible! Alarmed by our unexpected intrusion, it retreated coolly through a *large hole* in the floor of the cell."

A short paragraph follows, which concludes the work with the following pathetic sentence:—"I am grieved," says the author, "to add, *the swine in Germany are better cared for.*"

Edinburgh Medical and Surgical Journal, No. I. April, 1817.

Art. I.—*Critical Review of the State of Medicine during the last Ten Years* (article concluded).

In our remarks on the last number of this work, we made a sort of promise to give an abstract of the "Critical Review of the State of Medicine during the last Ten Years," as it was to be completed in the present number. We have no scruple to say, that our readers will readily relieve us from such an engagement. Notwithstanding the frequent exercise of our patience, this is really too much for us. Let, then, this notice serve as a record, where such a review of German lumber is to be found. The learned Editors have prudently already so much shortened it, that little more than an enumeration of authors and their works can be collected from it.

Art. II.—*Reports on the Ardent Fever of the West Indies, as occurring on board His Majesty's Ships Raven and Niobe, in the year* 1815. By Mr. Peter Comrie, Surgeon, Royal Navy.

This account is truly valuable; and we could gladly go over the whole, were it not that the author's premises have been already so well established. We may, therefore, content ourselves with a few remarks. The number of cases, which came under Mr. Comrie's care, was 172; the number of perfect recoveries 166. In all the successful cases, early bleeding,

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bleeding, not regulated by quantity but by effect, was the remedy. In some cases more than 200 oz. in two or three days, besides other evacuations and cold affusions; or, if the rigors continued long, the warm bath. In the case which terminated fatally, these remedies could not be applied early enough. As they are few, and told with brevity, we shall subjoin notes of the whole, six in number.

"Case I.—John Herrop, ætatis 34, of rather a spare habit and dark complexion; had a severe attack of fever formerly. Was ill two days without complaining. First seen on 11th December. Evacuations were freely used after he applied, but without effect, and he sunk on the 13th at midnight.

"This man's case was remarkable as being unaccompanied with the delirium, dark-coloured vomiting, and yellowness of surface, which were constant symptoms in all the other fatal cases.

"Case II.—Robert Williams, ætatis 20, of a sallow complexion, stout made, and somewhat plethoric; had been severely attacked with the first endemic that appeared in the Niobe, and sent to the Royal Naval Hospital at Antigua. This time he was indisposed for some time previously without making application, until the 14th December, in the evening, when I found him affected with the usual symptoms of pyrexia. In this case, after application, the antiphlogistic regimen was most strictly used; but all efforts were unavailing, and he expired on the 19th December, at 7h. 50m. P. M.

"Case III.—John Jones, ætatis 28, very stout made, about six feet in stature and stout in proportion, of a dark complexion, and somewhat plethoric; was indisposed one whole day, without making application; but had not been previously sick since I joined the ship. Complained, on the 15th December, of the usual symptoms of fever. With very great persuasion, I prevailed upon him to allow me to detract only about 32 ounces of blood, and he would not afterwards consent to let any more be taken away. At that time I was very much occupied, and had not leisure to use much persuasion in order to induce him to submit, as I had others to attend to, who allowed themselves to be treated as I thought proper. He expired on the 19th December, at midnight. Some days before death he vomited a vast quantity of blood.

"Case IV.—Joseph Hurst, ætatis 28, very much emaciated, and addicted to intemperance. Was severely attacked with the first endemic that appeared in the Niobe, and sent to the Royal Naval Hospital at Antigua, where his life was for some time despaired of. Was attacked on the 15th December with fever, accompanied with delirium. I only detracted about 20 ounces of blood at the commencement, and was afraid to take any more away, dreading he would sink under the operation, and the remedy be disgraced, and thereby others be deterred from submitting to it. He expired on the 19th December, at 9h. 30m. P. M.

"Case V.—John Taylor, ætatis 25, stout, red-haired, and plethoric;

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plethoric; was attacked, on the 15th December, with the usual symptoms of pyrexia. He was attended by the assistant-surgeon of the 1st West-India regiment; but evacuations were not so freely used as I directed, and through fatigue and indisposition I was not able to attend him and some others as I would have wished. He died on the 23d December, at 9h. 30m. P. M. dreadfully delirious.

"Case VI.—Bartholomew Rodgers, ætatis 44, stout made, red-haired, and somewhat plethoric, and had been a long time previously in the West Indies. He was attacked with the first endemic that appeared in the Niobe, and sent to the Royal Naval Hospital at Antigua, where his life was sometimes despaired of. Had been indisposed for two or three days before I was informed thereof. December 16, when I first saw him, he was confined to his hammock in the lower deck, with symptoms of a severe fever. Though evacuations were pretty freely used, he expired on the 18th December, at 7h. 40m. A. M."

We presume the severe duty of the author, and, probably, his own want of health, prevented his examining any of the bodies. At the same time we must admit that the appearances are now pretty well ascertained.

By the above it appears that four of these subjects had been attacked during a previous epidemic, and perfectly recovered, as the table shows. It is not for us to say how far this proves that the yellow-fever may affect the same person twice, nor shall we undertake to determine whether this disease, called by Mr. Comrie, with much caution, "ardent fever," was really the yellow-fever; nor whether there is sufficient difference in the type of fevers of the West Indies to be thus distinguished, whatever may be the difference of cause. The pain was the principal symptom which indicated bleeding.

"When (says the author) the disease terminated favourably, particularly in those cases where the abdominal viscera were affected, I have seen, after venesection, the pulse become most remarkably full and frequent, but very soft; at first generally about 120 or more, then about 96, and afterwards gradually regular.

"This state of the pulse, when it was observed, came on about 12 or 24 hours after all bleeding was laid aside, and was always a favourable symptom; but, when I felt it first, I was nearly deceived by it, and was going to abstract more blood, which I think would have done much harm. I desisted on the patient mentioning that he had no pain, and upon perceiving that he had rested well, and had a pleasant countenance."

The last remark we shall make is the success with which the invasion of fever was checked by the resolution of the Captain to steer northward on its first appearance. Though

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less than twenty degrees from the equator, we shall see the happiest effects followed.

"The ship's company, since I joined this ship, on the 28th May, 1815, has been, comparatively speaking, pretty healthy, until we arrived, on the 14th September, at English harbour, Antigua, to refit, where we remained until the 25th. During this interval a great many of the ship's company were attacked with the endemic of this country; and, Captain Deacon seeing it increase more and more, and being informed, that, as it increased, it was attended with more violent symptoms, with much prudence and discernment went to sea, and cruised to windward of all the islands, and until we were in latitude 19° 39′ north, and longitude 61° 45′ west, when the fever began to decrease. We then returned to English harbour to complete the refitting of the ship, and scarcely any were again affected with fever, although we remained at English harbour from the 3d of October to the 14th, and although the ship's company, watch by watch, had liberty to go on shore frequently."

On the whole, we consider this a very useful paper, and trust it will have its proper effect in establishing the only reasonable plan of treating tropical fevers in new comers.

Art. III.—*Case of Enlargement of the Heart with Polypi, &c. which occurred on board the Hon. East India Company's Ship Carnatic.* By JAMES STEWART, Surgeon.

As we mean to make some observations on this case, we shall transcribe it at full length.

"May 5th, 1816, William Cooper, seaman, aged 30, middle stature, peculiarly full broad chest, fair complexion, and plethoric habit of body; since leaving Bengal, about three months ago, has not enjoyed his usual state of health; appetite being variable, and a dull pain, or rather sensation of weight under the ribs of his left side, frequently annoying him. These complaints were, however, so trifling, as not to prevent him from doing his usual duty. A few days ago, he was very suddenly attacked with a severe pain in the left hypochondrium, which was nearly removed by the operation of a smart purgative, followed by a diaphoretic. This morning it has again returned with increased severity, and now extends to the front of the left shoulder; not increased on pressure; pulse not accelerated, but full and strong; tongue furred brown; considerable thirst; countenance pale, and features shrunk.

"Capt. calomel gr. viii. pulv. jalap. 3ſs. misce et applicat. emplas. lyttæ part. dolent.

"May 6th. After the operation of the purgative and blister, the state of his tongue improved considerably, and the pain almost ceased.

"Last night again, a severe exacerbation suddenly took place, and

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and nearly as suddenly ceased, about seven hours afterwards. During the paroxysm, a draught of tinct. opii and æther sulphur. was given him without any beneficial result. The situation of the pain had, however, now changed to the region of the heart; no pyrexia; general health little affected; pulse to-day 88, full and sudden, but perfectly regular.—Detrahat. sanguis ad ℥xxiv.

"May 7th. Nearly free from pain all yesterday. During the night a smart exacerbation again occurred, and situated immediately over the region of the heart; sympathetic affection of his shoulder annoyed him much; cannot now lie on his left side, and feels most easy when leaning forwards, or lying on his breast with his arms extended, so as to enlarge the cavity of the thorax. During the attack of last night, his countenance was pale, and features shrunk, with increase of thirst, and foulness of tongue, but scarcely any change in the temperature of his skin, or state of his pulse.

"Habt. stat. ext. colocynth. comp. et calomel āā gr. vii. et repet. V. S. ad ℥xvi.

"May 11th. Scarcely any pain in his arm since last report, but his shoulder has been extremely uneasy with a sensation of numbness, extending nearly to his fingers; he has been using stimulating anodyne liniment, without relief; tongue more foul; spirits unusually depressed; pulse 80, soft and regular; gave him yesterday seven grains of pilul. hydrarg. which procured three easy evacuations. Repet. pilul. hydrarg. et cont. liniment. anodyn.

"May 12th. Yesterday evening, had a slight increase of pain in his breast, with a most tormenting uneasiness in his shoulder and arm. Pulse was 86, more soft and natural than usual. Countenance and spirits were much depressed; foulness of tongue and thirst increased. Gave him gr. vi. calomel, and gr. v. pulv. scammon. which soon excited vomiting, about an hour after which, the medicine beginning to operate, he went upon deck, where he dropped down and expired without a struggle.

"*Sectio Cadaveris.*—Upon opening the thorax, observed the pericardium prominent, and occupying a much larger space than natural; its cavity was found to contain about fifteen ounces of serum, with two ounces of coagulated venous blood, discharged from some of the small vessels on the surface of the heart, all of which were peculiarly enlarged and turgid. The heart itself was preternaturally large, weighing at least 2¼ pounds. A small surface over the left ventricle showed marks of slight superficial inflammation having existed, and around the exit of the aorta from the heart, an effusion of blood into the cellular substance, to the extent of about half of an inch, had taken place. On examining the interior of the heart, the size of the cavities, columnæ carneæ, &c. corresponded with its external magnitude. The right auricle, right and left ventricles, contained each a large polypus, attached by three or four pedicles. The one in the right auricle weighed upwards of an ounce, the others about an ounce each. They

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were of a pale red colour, a solid firm consistence, and, when cut into, presented a highly vascular and organized appearance, so that no doubt remained, or yet remains, on my mind, as well as the mind of another medical gentlemen present, *that they must have existed a considerable time previous to death.* The one in the auricle was lying against the mouths of the cavæ, and consequently opposed to the course of circulation. That in the right ventricle, of an oblong shape, was carried by the current of blood into the pulmonary artery; the other was firmly bound down in the left ventricle by its pedicles. No other morbid appearance presented itself in the thorax. In the contents of the abdomen, nothing peculiar was observed.

"This case I have wished to make known to the public as presenting some symptoms which I conceive worthy of particular notice; and also as a case of polypi, which, from their vascularity and perfect organization, must have existed for a considerable time previous to death. From the seat of the pain in the left hypochondrium, when he first applied for assistance, I conceived his complaints to arise from some visceral obstruction, the consequence of service in tropical climates. Its removal shortly afterwards to the region of the heart, and especially the occurrence of the sympathetic affection of the left shoulder and arm, soon excited suspicion that the *heart* was the seat of his disease; still, however, the pulse remaining at all times perfectly regular, and being seldom if ever accelerated, led to some obscurity with respect to the nature of his complaints, and doubt how to proceed in the treatment."

How much we could wish that this gentleman had, like the author of the preceding paper, judged by the pain instead of the pulse. We must commend him much for his examination of the body, and question not his faithful detail of appearances. But, after a careful perusal, we can find no reason to suppose that these polypi had been of long existence. Inflammation, which would produce the effusion of lymph so firm and so free from red particles as be of a *pale* red colour, would *instantly* organize such effusion by the formation of vessels. The author, if we understand him, seems to conceive that these vessels are mere elongations of those from the surrounding parts, to which the polypi adhere. But this is by no means certain, nor, if it were, is it any proof that the coagula had existed long. Indeed, if the process of thus organizing polypi was slow, they must lose their life, and become sloughs. How often have we to lament the little attention paid to the pathological doctrines of Mr. Hunter. Our 20th vol. p. 538, contains the description of a somewhat similar appearance. We shall extract a single paragraph, but recommend the perusal of the case to those who have any doubts that such vessels may be formed with

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with the rapidity for which we contend. The subject died after five days' illness, during which the pain was very violent in the region of the heart.

"The right auricle contained a large yellow coagulum, almost filling the cavity adhering to it, and containing blood-vessels which communicated with the substance of the auricle. This coagulum was continued to the ventricle in an oblong form. To this cavity it was more firmly attached by communicating vessels. There was also a considerable membrane of effused lymph adhering to the inner surface of the right ventricle."

In this case, the coagula were so large as very much to impede the action of the heart and the passage of the blood; so that we should rather wonder the patient lived so long, than that he died so soon and so miserably. The most sceptical, we conceive, will not suspect that, in this case, the polypus *had existed a considerable time* previous to death. On the subject of the early formation of blood-vessels in coagula, see Mr. Hunter's Treatise on the Blood, p. 92, 4to. edition.

Art. IV.—*Case of Pneumonia, with Observations on the Practice of Blood-letting in that Disease.* By Wm. Gibney, M.D. Assistant-Surgeon 15th King's Hussars.

Art. V.—*Reflections on the Arrangement of Cutaneous Diseases; with the suggestion of a Practical and Diagnostic Mode of Classification.* By Marshall Hall, M.D. &c.

More hard names! We have often expressed our conviction that our knowledge on these subjects is much too imperfect to attempt any artificial arrangement. Dr. Bateman admits as much. The itch and syphilis, the two most common of them all, he observes, bid defiance to such attempts: Why, then, do we undertake it in others? Is it not certain that the same cutaneous disease appears differently on different days, or different parts of the same day? There is, however, one advantage in Dr. Hall's arrangement,—that he separates acute from chronic complaints. This is the more necessary, because on the former we must be decided, and must examine the appearance from day to day. In the latter we may take more time, and the appearances will vary less.

Art. VI.—*Remarks on the Preservation of Lime-Water.* By H. Dewar, M.D. &c.

These remarks are simple, and easily reduced to practice.

"Wishing (says Dr. Dewar) to have a quantity of good lime-water constantly at hand, for the sake of experiments, I have found

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found the following method completely satisfactory:—Instead of filtering the solution, to keep it in contact with a quantity of quick-lime, in a tall wide-mouthed bottle, and to decant from the upper part, as much as is at any time wanted; to fill the bottle immediately again with water, and shake it in the same manner as when the lime-water is first made. This excludes all carbonic acid, and affords a fresh supply of the solution. It is preferable to the plan of keeping quick-lime bottled up in a dry state, which is apt to break the bottles, and, when at any time exposed, exhibits a more extensive surface to the action of carbonic acid.

"When the simple plan now described is followed, even though precipitation by the carbonic acid should, in a slight degree, take place, the solution, thus weakened, is quickly re-saturated by the presence of the quick-lime. Thus it is always kept in its strongest state, and may be obtained perfectly limpid. The trouble of inquiring frequently for fresh burned limestone, which, in some situations, may be considerable, is avoided, as well as that of filtering. This would, indeed, be a paltry recommendation, were it not that the trouble is of no utility, every object being more advantageously obtained without it. The filtering, besides, implies a degree of exposure which must be injurious.

"I can conceive no objection to which this little plan of chemical and pharmaceutical economy is liable. On the contrary, I trust that it requires only to be mentioned to have its advantages appreciated, and to be generally adopted. Apothecaries and druggists may keep their stock in very tall and wide-mouthed bottles, with quick-lime at the bottom, from which it may from time to time be drawn off, either by the use of a syphon, or by careful decantation, and put aside in vials containing the quantities most generally asked for."

Art. VII.—*An History, with Remarks, of an Aortal Aneurism, conjoined with a Pulmonary Phthisis.* Extracted from a Clinical Lecture, delivered February 10, 1817, by Geo. Pearson, M.D. F.R.S. &c. in a Letter to Andrew Duncan, sen. M.D. Professor of Physic, &c. &c.

The reader will perceive something peculiar even in the title and mode of communication of this paper. The paper itself abounds, if we may so call them, with oddities. We shall first give the outlines of the case which is certainly not without its interest, and then point out what appear to us the peculiarities of the manner in which it is announced and related.

The patient, a foreigner, had, by his own account, felt no illness till September 1816, yet died of ruptured aneurism of the aorta on the 31st of January following, a period at most of not more than five months.

"On admission, the patient seemed to be in a dying condition, so that no distinct disease could be ascertained. The dyspnœa was considerable,

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considerable, but the weakness seemed to be so great that he was unable to expectorate, and only made efforts to cough. The beating of the heart and pulse at the wrist were very feeble, but synchronous.

"Wine, cordial medicines, and nutritious matter were ordered, merely to palliate and support life.

"Contrary to my expectation, strength was gradually recovered. The breathing became easy while recumbent on the back; could also lie on either side, but not comfortably; became able to cough and spit up much muco-purulent matter. The pulse was between eighty and ninety in each minute, but sometimes not more than seventy-five; the tongue from foul became clean; little complaint was made of pain of the region of the heart, but there was a feeling of obstruction in its pulsation. The countenance looked materially better in four days' time. However, on the 30th December, there was much pain of the left side, and a good deal of difficulty in breathing, with frequent coughing. The wine and cordial medicines were discontinued.

"Blood-letting to ten ounces was ordered; a purging draught; a blister to the left side; and an opiate at night.

"The pain of the left side continuing, although the dyspnœa was relieved, the blood-letting was repeated; but the blood was not buffy.

"In addition to the pleuritic pain, much complaint was made of pain between the shoulders. The painful feelings subsequently to about the 7th January, were confined to the region of the heart, which increased, the hand being frequently applied to it to denote the seat. More and less sputum continued to be coughed up; weakness increased; blistering plasters were repeatedly applied, and, from the urgency of the pain, also blood-letting; but the blood was never sizy. Ipecacuanha, squill, opium, and demulcent medicines, were the internal medicines recommended.

"From the 20th January all the symptoms grew more and more unfavorable; then much distress was denoted by the countenance; great restlessness; the body was often desired to be raised, and also bent forward from time to time to relieve the anxiety and painful feelings of the chest, but the weakness confined the patient generally to lying upon the back; the respiration grew quick; the cough more troublesome; the sputum as before; the appetite for food totally failed, and the thirst, with foul tongue, increased.

"One night, in a fit of delirium, the sufferer suddenly got out of bed, and walked about the room, saying he 'was now well.' It was particularly observed, that the pulse varied only between eighty and ninety, excepting rarely under this rate. It had been also observed, that no morbid action took place of the heart, excepting a little throbbing.

"On the 31st January, in the evening, during a slight coughing fit, a little blood was expectorated with the muco-purulent matter; and the patient expired almost without a struggle."

What was this muco-purulent matter? Is it the same as the

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the sputum? and, if so, why too not very common expressions?

"*Dissection.*—About sixteen hours after death the chest was opened. The lungs appeared of a whitish color, like those of brute animals which die by hæmorrhage, as commonly seen in butchers' shops. There was less charcoal than common on the exterior parts, but the bronchial glands were black as usual. The left lung was contracted to nearly half its natural bulk; it felt firm instead of spongy, and totally sunk in water. The right lung filled the cavity of the thorax; was extremely light; contained much air, which readily passed from one part to another by slight pressure. To the extent of several square inches blood was effused under the pulmonary pleura from a blood-vessel, probably ruptured on the surface. Though double the bulk of the left lung, it weighed rather less, namely, fourteen ounces. There were no adhesions nor membranes thickened in the thoracic cavities; but there was about half a pint of serum in the left cavity: in the right was most unexpectedly found a large quantity of black blood slightly coagulated, amounting to about two pounds, besides half a pound of serum. This blood, after standing exposed to the air twelve hours, exhibited a thin stratum of red blood on its surface, as in the case of venous blood so exposed and coagulated."

Here again, "animals that die by hæmorrhage" why not "are bled to death?" Some of our country readers will also ask, what this expression of "less charcoal on the exterior parts" means? and how much charcoal we ought in general to expect. The blood seems to have required two hours to acquire that redness on its surface, or, as the writer says, "to exhibit a thin stratum of red blood on the surface." Now the surface of blood, whether arterial or venal, (for arterial blood becomes black by exclusion from air,) in general becomes red a few minutes after such exposure.

The heart and right lungs were in a natural state.

"The left lung was also found almost bloodless. The air tubes were filled with pus throughout, and innumerable tubercles, of the size of pepper corns, were found in the substance of this viscus; but there were no vomicæ nor large masses of coalesced tubercles, nor masses of condensed lung without tubercles."

"The source of the effused venous blood was the next object of inquiry. It was discovered to be from a large aneurismal cyst of the aorta, just below the descending *arcade*. This cyst, several inches in width and breadth, had been burst in its superior part; and so had the contiguous membranes of the posterior mediastinum into the right cavity of the thorax; and of course the gush from an aperture nearly two inches wide, instantly drained the lungs and heart of their blood; probably, too, blood was transmitted through the lungs for a very short time after respiration had ceased, and hence the great quantity of effused venous blood. In the ruptured

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sac was contained a firm reddish coagulum of a roundish figure, which, being easily detached, was found to weigh eight ounces. It consisted of laminæ or leaves, which, with little trouble, were separable of such tenuity as to be semitransparent. By maceration in cold water they became white. Depositions of the self-coagulable, or live lymph of the blood, had probably successively taken place from the bottom of the cyst, in an horizontal position, till the large mass of layers occupied great part of the cavity."

That the coagulum in an aneurism should be in layers, is not surprising, nor that these layers should become white with washing. But, why these expressions of *self coagulable* or *live lymph*? If the adjectives ending in able are passive, as in *portable, potable*, &c. we may as well talk of a burthen which may be carried by itself, a liquor which may be drunk by itself, as blood which may be self coagulable. If the lymph of the blood is alive, why should we not use an active participle? But the writer might have saved himself all this trouble and intricacy, by describing the lymph simply as *coagulated*. This would be enough to explain its appearance, and if he wished to do more, he should have gone much further into the subject concerning the formation of these coagula. With this view, we would recommend to this pupil, we presume, of Dr. Pearson's, that he should peruse the late Dr. William Hunter's paper on Aneurism, in the first volume of "Medical Observations and Inquiries." He will then see, if not an explanation, at least an anticipation, of what seems to puzzle and surprise him so much.

"A most striking effect of the pressure of this aneurism was the entire disappearance of the osseous matter of the anterior part of the second, third, and fourth dorsal vertebræ, although the cartilages remained whole: thus leaving large cavities from the loss of bone between these cartilages by absorption. The absorption of bone, but not of cartilage, although subject to equally great pressure, was noticed as a curious pathological fact."

Lest our youth should not have the book at hand, we will transcribe the passage alluded to.

"Of all animal substances (says the author of the paper in the Medical Communications and Inquiries, vol. i. p. 348,) gristle, perhaps, is the least affected by pressure in the living body. This seems probable from the known structure and uses of the joints, but was particularly evinced by the above case. The constant pressure of the sternum had destroyed the coats of the artery, the periosteum, the bones, &c. except the cartilaginous part of the ribs. These were pushed to one side indeed, but almost perfectly sound in their texture."

We could make several other observations on the rest of the

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the paper, but trust, what we have said, will be enough to induce this student in future, either to give papers of his own, or to transcribe his master's opinions with more accuracy. We would further recommend him to lose no opportunity of examining bodies, the previous history of which he may be acquainted with. He will then feel less surprised, that a very experienced and accurate physician, one of the first anatomists in London, should treat, without any suspicion, a case which proved to be aneurism. Nothing but the inexperience of youth could excite a wonder on these subjects. We cannot conclude, without expressing our satisfaction at this opportunity of offering wholesome advice where we trust it will not be entirely lost. There are evident marks of genius in the paper; and we should be sorry to discourage the writer from offering future communications.

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

To the Editors of the London Medical and Physical Journal.

GENTLEMEN,

IN your last Journal, annexed to "more last words" of Mr. Woodham, you very properly recommend that the altercation between that gentleman and myself should cease, the merits of the case being sufficiently before the public. This, as it must appear by a postscript affixed to my last communication, I had already resolved on, feeling myself then, as I do now, perfectly at ease respecting it.

Mr. Woodham, however, still restless, seems to be extremely anxious to have the *last word*, as it is ordinarily called, conceiving, probably, that *that* determines the *victor*.

In order, therefore, to put an end to this species of contention, which is the only circumstance remaining unsettled between us, I shall take the liberty of communicating *my idea* of the *last word* in a literary contest, by the following quotation:

"Quoth Cibber to Pope, though in verse you foreclose,
I'll have the last word, for by G–d I'll write prose;
Poor Colley! thy reas'ning is none of the strongest,
For know,—the last word is *the word that lasts longest.*"

Thus it happens, I trust, that Mr. Woodham and myself are each accommodated in his own way.

I am, Gentlemen,
Your much obliged and obedient Servant,
Oxford; April 3, 1817. RICHARD WALKER.

[We now trust both these gentlemen will be as well satisfied at the conclusion of this innocent controversy as our readers must be. Our Nestorean correspondent seems to acknowledge his failing at long

long words, long sentences, and long letters and contents for a finale lengthened out in his own way.—EDIT.]

To the Editors of the London Medical and Physical Journal.

GENTLEMEN,

I ACCEDE to your recommendation, and, should I be so fortunate as to be considered, by the public, as the man of superior judgment, I shall not feel any *spleen*, though the qualities of wit and humor be awarded to Mr. Walker.

I am, gentlemen,

London; Your most obedient servant,

April 25, 1817. JAMES WOODHAM.

To the Editors of the London Medical and Physical Journal.

GENTLEMEN,

I HEREWITH send you the following list, the result of two days' Botanical Excursions; and, if any of your readers have the curiosity to refer to our first labors last spring, it will be found that the difference of the two seasons is really surprising. Early springs are in general considered as unfavorable to crops in this country; but, the long series of dry weather has rendered the corn in general very fine. The wheat near London is excessively strong, and, if the weather should continue favorable for its growth hereafter, we may anticipate, with the blessing of Providence, a plentiful harvest. The lent corn, in some places, is come up, and appears very fine. Clovers are also very luxuriant; and the early crops of grass look very healthy. Should favorable rains fall during the month of May, the hay harvest cannot fail to be very productive.

On the 10th, we visited Hampstead Heath, Bishop's Wood, and Highgate Archway.

Veronica arvensis
Juncus pilosus
——— campestris
——— sylvaticus
Ranunculus hederaceus
Viola canina
Anemone nemerosa
Salix fusca
Equisetum palustre
Leontodon taraxicum
Oxalis Acetosella
Prunus spinosa
Ajuga reptans
Vaccinum Myrtillus
Salix Caprea
Euphorbia Amygdaloides
Primeli acaulis
Fragaria vesca
Salix amygdaloides
Arenaria rubra
Ranunculus bulbosus
Geranium molle
Veronica serpyllifolia.
Equisetum arvense
Fragaria sterilis
Ranunculus auricomus
Scilla nutans
Primula officinalis
Spartium scoparium
Cardamine amara
Pinus sylvestris
Brassica Rapa
Ranunculus hirsutus
——— acris
Anthoxanthus adoratum
Stellaria Holostea
Ranunculus aquatilis
Prunus Cerasus
Salix rubra
Allium ursinum

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On Thursday the 17th instant, Battersea Fields.

Carex acuta	Anthenais arvensis
Lithospermum arvense	Scandix Anthriscus
Euphorbia Helioscopia	Cerastium viscosum
Viola bicolor	Lamium dissectum
Scandix Pecten veneris	Erysimum officinale
Carex riparia	Thlaspi arvense
Callitriche verna	Fumaria capreolata
Chæraphyllum sylvestre	Tussilago Petasites
Equisetum limosum	Plantago lanceolata
Veronica Chamædrys	

My next excursions will be on Thursday the 8th of May, when I shall meet at the Red House, Battersea; on Thursday the 15th, at the Castle, Hampstead Heath; and, on Thursday the 22d, at the French Horn, at Charlton. The times of meeting at each place, is to be at ten in the forenoon.—If the mornings prove wet, the excursion will be put off till a future day, which will be arranged at the following Monday's lecture.

I shall begin a fresh Course of Lectures on Botany, on Monday the 5th of May, in the Library at the Botanic Garden, Sloane Street, at three o'clock in the afternoon.

I am, most respectfully, gentlemen,
Your very obedient servant,
WM. SALISBURY.

To the Editors of the London Medical and Physical Journal.

GENTLEMEN,

In your Journal, No. 217, your correspondent, Mr. William Cooke, recommends a solution of the muriate of soda instead of spirit, for the preservation of anatomical preparations. The specific gravity of that solution is a serious objection to its use; and its want of transparency prevents any delicate structure being well displayed. These objections are not made theoretically, but are the result of practical observations, as it was recommended by the late Thomas Young, surgeon, and tried by George Young and John Taunton, many years since. Even in the preservation of large parts, such as were used only for occasional demonstration, spirit was found to be much better than this.—Your remarks, Mr. Editor, will oblige A CORRESPONDENT.

[The muriate of soda used on this occasion was not the salt of commerce, but that in large transparent crystals.—EDIT.]

Bath Literary and Philosophical Society.—A paper by Dr. WILKINSON, on the Rise of Fluids in capillary Tubes was afterwards read. Its object was to show, that the experiments on this subject do not accord with the theoretic calculations of Professor Atwood of Cambridge, and other philosophers;—that the results do not correspond with any fixed rule, but are entirely dependent on certain conditions of the tube; and that no dependence can be placed

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placed on any deductions from mathematical investigations as to what has been termed *capillary attraction.*—On this subject, we have been for some time making experiments, the result of which is, that the supposed filtration by capillary attraction will extend no further than the syphon; that is, that the filaments on the outside of the vessel must be brought lower than the fluid within.

Dr. SPURZHEIM's Second Demonstration of the recent Brain, as we remarked in our last, took place at the Anatomical Theatre of St. Bartholomew's. The lecturer's principal object was to demonstrate those facts which had been disputed or contradicted by his adversaries. He showed, for instance, that there is brown matter in the interior of the cerebellum, in the pons varolii; and that there is no part of the brain in which the same may not be discovered. The decussation of the anterior pyramids was carefully pointed out, and the structure of cerebellum, more particularly the variety of appearances which the corpus dentatum exhibits, according to the manner in which it is cut or examined. It should be remarked, that Dr. S. begins his examination at the base of the brain, and demonstrates the different parts in their connexion without slicing and destroying them. The pons varolii, and most of those parts which have acquired a number of whimsical names, he distinguishes as origins and commissures of the various parts of the brain. This very much assists the memory, by a perpetual appeal to the judgment, instead of requiring the constant recollection of an unsatisfactory nomenclature. The transverse fibres of the pons are considered as the means of uniting the two hemispheres of the cerebellum, while the longitudinal bundles of the pons bring the parts of the brain proper, into communication with the medulla oblongata. In the corpus callosum he demonstrates the fibres running sideways in a most beautiful and satisfactory manner, by gently scraping with the scalpel: showing, at the same time, that a longitudinal scrape exhibits only a smooth appearance. The corpus callosum proves the commissure or uniting medium of the two hemispheres and their convolutions. Some of these were unfolded with the greatest delicacy, to show the manner in which that organ is disposed so as to occupy the least possible space with the largest surface. So delicate is the structure of the whole, that it would have been impossible not to suspect some slight of hand in the division of the white substance into two layers, had not the lecturer had recourse to the blow-pipe, the force of the air from which was sufficient to exhibit the natural division in the most satisfactory manner. This led to the explanation of those causes by which an hydrocephalic subject retains his senses, his powers of reflexion, his affections, and faculties. By the slow manner in which the water increases, the layers are divided; and, if the water still increase, the fibres gradually are directed in an horizontal instead of a vertical direction. Thus the brain retains its full bulk, as has been proved by weight,

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where it has been expanded so thinly round the enlarged cranium as to have been suspected to be altogether, or nearly all, absorbed. With much candour Dr. S. informed his hearers that the existence of the brain in hydrocephalic heads had been noticed by the accurate Morgagni, who blames some of his predecessors and contemporaries for having overlooked the brain in its expanded state. Dr. S. assures us, that, however thin the brain may appear, or even though it may be thought to have disappeared altogether, yet that in one such case he had weighed it against the brain of subjects of the same age, and found no difference.

The following account of the examination of the cranial contents, in two subjects approaching to idiotcy, are worth recording; and we hope will prove the means of accumulating other facts in illustration of the properties of this important organ.—These are from the "Repository."

A man, aged 60, approaching the condition of an "idiot, tall, and very thin, had been affected for three years with giddiness and pain in the head, which had from time to time been relieved by local bleeding, blisters, and setons to the neck; but most by a caustic applied at the point where the coronal and sagittal sutures meet. He always had, combined with this affection of his head, more or less of griping with slimy stools; which latter symptoms, for the last twelve months, had been particularly severe, producing an almost constant diarrhœa and tenesmus.

* * * * *

"*Sectio cadaveris,* eighteen hours after death.—*Head.* Nothing remarkable was observed in the scalp or dura mater. On removing the latter, the tunica arachnoidea was found thickened and opake, and, on puncturing it, a serous fluid, to the amount of about three ounces, escaped from between it and the pia mater. Some of the vessels of the pia mater were nearly empty, and appeared to be larger than common. There was about an ounce of serous fluid in the lateral ventricles. Both the cineritious and medullary substance of the brain, when cut into, had a more vascular appearance than in the natural state of that organ. The object the most curious was an anomaly which prevailed in the structure of the brain: the posterior cornua of the ventricles were absolutely wanting, so that there was no trace of the hippocampus minor. This deviation did not appear to be the effect of disease; for the structure of the brain did not differ in any other respect from that disposition of parts which is common in other brains."

"The singularity in the construction of the brain in the above case, with its attendant weakness of intellect, struck me so forcibly that I determined to embrace every opportunity that offered of minutely examining the cranium of every patient where there was an approach to idiotism.

"It was not long before a man, aged twenty-five, and who was little superior in understanding, died from erysipelatous inflammation attacking the head. Upon examining the structure of the lateral

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lateral ventricles, the anterior and interior cornua appeared fully developed; but here, as in the first case, the *posterior* cornua were wholly deficient."

These histories may make part of future records. Though the surgeon discovered no other difference in the two brains than the want of *posterior cornua*, yet, when we consider the very imperfect manner in which the demonstration of the brain has been hitherto conducted in our best anatomical schools, we may, without breech of candour, presume that a Gallite would have perceived other peculiarities. Dr. Spurzheim assures us, that though, for the most part, every brain consists of the same exterior general form, yet, in marking minutely the outlines, there is found as great a variety as in the various features of the human face. He finds no two brains exactly alike, any more than two faces.

All Prof. DAVY's recent experiments with damaged flower seem to mark carbonate of magnesia as the proper remedy. The quantity used is from 20 to 30 grains to ℥j. of flower.

One of those trials has lately taken place for murder which so often astonish us, by proving how little attention is paid to the most important phenomenon of the stomach, in cases which are decided concerning the life of a suspected person.

The prisoner, Mr. Robert Saul Donnall, a surgeon, practising at Falmouth, was indicted for no less a crime than that of destroying his mother, by giving her arsenic with her food, at his own house. Dr. Edwards was consulted during her short illness, and gave the following deposition:

"Dr. Richard Edwards gave evidence, that he had been sixteen years in the profession. When called in between four and five o'clock on the morning of the 4th of November, he asked the prisoner some questions respecting Mrs. Downing: the prisoner said that she had an attack of the cholera morbus; and that she had been similarly affected about a fortnight before. The witness went into her room, and found that she required a little rousing before she could answer any questions: she complained of great heat, and her pulse was frequent and fluttering: she had no sickness at that time, but was in very great danger. He understood, from the prisoner, that he had given her an opening medicine, an emetic, a saline draught, and some opium. The witness wrote a prescription, with a view to remove something offensive which appeared to be in her stomach or bowels. He had never met with a case of cholera morbus that had produced death in a shorter time than three or four days; and he was of opinion that that disorder was not the cause of the death of Mrs. Downing. On Thursday the 7th of November, the witness was requested to go and examine the body, by opening it, having previously heard of the suspicion of poison. He saw the prisoner at the house, and a surgeon of the name of John Street. After taking the body out of the shell,

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shell, the witness perceived that the prisoner was tucking up his sleeves and preparing to open the body; but the witness told him that he must have nothing to do with the operation. On opening the stomach, the contents were poured into a basin, and, after the lapse of a few minutes, they were examined, but no deposit of any thing heavy or solid could be discovered. The stomach was in a state of stellated inflammation, and both the coats of the stomach were softened, as if by the action of some corrosive substance; one of them could be scraped off by the finger nail. The blood-vessels of the stomach were more than ordinarily turgid, but the liver and lungs were sound: the heart the witness did not examine. The basin with the contents of the stomach had been carefully placed on a chair; witness observed at the time, aloud, that they must be preserved, and the prisoner must have heard it. They then proceeded to inspect the intestines, which were also inflamed; and the witness felt certain that it could not have been produced otherwise than by the operation of an active poison.—After this investigation, the witness turned round to the basin, and was surprised to find it empty: he asked the prisoner what he had done with the stomach, and he replied that he had thrown them into the chamber-vase, where was a quantity of water, with which the intestines had been washed. The witness said, that it would give him a great deal more trouble in making experiments to ascertain if any poison were in the stomach, as he must evaporate about two quarts of water. Mr. Street took charge of the chamber-vase and its contents; it was pushed under the bed. The witness afterwards applied to it various chymical tests, and they indicated the presence of arsenic in a fluid, but he could not detect it in a solid state. He had not the slightest doubt that arsenic was the cause of the death of Mrs. Downing, and he should have been of that opinion had he not analyzed the contents of the stomach."

"Dr. Edwards, on being recalled by Mr. Justice Abbot, said, that 80 parts of cold water would dissolve one part of arsenic; that warm water would dissolve a larger proportion, and that then two or three tea-spoonsfull, or a table-spoonfull, would probably produce death."

Is it possible not to feel surprised at the boldness of the physician who should have no doubts on such slender evidence? The stellated inflammation, as it is called, was probably no more than blood-vessels denuded by the action of the gastric juice on the surrounding parts; and the surface of the stomach, softened so as easily to be scraped off, was the regular process of digestion, as described by Mr. Hunter, when it takes place after death. Why did not Dr. Edwards put into a dead stomach some of the solution of arsenic, of which, he says, a table-spoonful would be enough to produce death? or why did he not mix some such solution with the contents of Mrs. Dunning's stomach, and see how far a *corrosion* would have taken place. Corrosion is a chemical process, and should follow the application of a corrosive substance to dead as well as living

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living animal matter. Inflammation may be excited by a variety of causes; and, in all sudden deaths with food in the stomach, we should be prepared to expect a partial digestion of the stomach. Of this we shall say more when our experiments on oxalic acid are completed.

"About the middle of January 1815, a young sheep was observed by the shepherd to be unwell, from its heavy and stupid appearance, such as standing still and bleating, and continually losing itself, or leaving the flock to which it belonged; the disease gradually, but continually, increasing, until it put on the certain symptoms of water gathering on the brain; that is, by the animal constantly inclining to one side, until at last it describes a circle, which it gradually decreases until it is unable to move more than the length of its body. From the first appearance of the disease until its fatal termination is generally from two to three months. The present subject was taken from a large flock, and put into an enclosure close by my house; thus giving me an opportunity of seeing all its actions. One day, being frightened, it ran into a deep pond, in which it continued swimming in a rotatory manner until nearly exhausted before it could be got out. I am at present unable to determine as to the cause of the animal always turning to the affected side, whether it proceeds from a partial paralysis of the side affected (as they do not seem to feel the effect of the nerves crossing) or from the animal constantly leaning its head to the painful side. The hydatid seldom occupies more than one lobe of the brain, sometimes posterior, sometimes anterior, is situated beneath the dura mater, and depresses the substance of the brain; but there does not appear to be any part of it absorbed. That part of the cranium immediately over the hydatid is so much reduced by absorption, that it is found to yield by pressure of the thumb and finger. Indeed, I have seen it completely absorbed, and the brain protruding itself between the cranium and scalp, the animal still living in that state. This case was operated upon about six weeks from its first appearance, by turning back the scalp (having first ascertained the situation of the hydatid by pressure) and applying a triphine immediately, the bone was removed. The cyst protruded through the orifice, and was taken out by the fingers. A slight hæmorrhage took place, which stopped by gentle pressure. The wound was then dressed, and healed in about a month. The animal was afterwards turned into some grass pasture, and appears going on well. Simple puncture does not answer; for, unless the cyst is removed, the water accumulates again."—*From Mr. Barchard's paper in Annals of Philosophy.*

Snake or Adder found in a Block of Coal.—In a recent number of the Philosophical Magazine, was given a communication on the singular circumstance of two lizards having been discovered in a chalk-bed in Suffolk, sixty feet below the surface. The publication

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tion of this fact has given rise to the following affidavit of a similar discovery by two pitmen in the county of Stafford. "We William Mills and John Fisher, both of the parish of Tipton, in the county of Stafford, do hereby certify and declare, that a few years ago in working in a certain coalpit belonging to the Right Honorable Viscount Dudley and Ward, at what is called the Pieces in the parish of Tipton aforesaid, and on cleaving or breaking the stratum of coal called the stone coal, which is about four feet thick, and in that situation lies about fifty yards from the earth's surface—we discovered a living reptile of the snake or adder kind, lying coiled up, imbedded in a small hollow cell within the said solid coal, which might be about twenty tons in weight. The reptile when discovered visibly moved, and soon afterwards crept out of the hole; but did not live longer than ten minutes on being exposed to the air, when it naturally died, not having been at all hurt by the cleaving of the coal, whose thickness and solidity must have kept it before from all air. The hollow in which it lay was split or cloven in two by means of an iron wedge; and was rather moist at the bottom; but had no visible water. It was nearly the size of a common tea-saucer; and the reptile was about nine inches long, of a darkish ashy color, and a little speckled. After it was dead it was thrown aside; and the large coal in which it lay, being broken to pieces, was drawn up out of the pit, and disposed of in the usual way.

"In testimony of these facts we have certified the same upon oath before the Rev. Dr. Booker, a magistrate, this 5th day of March 1817. Witness our hands,

(Signed) WILLIAM MILLS.
The ⋈ mark of JOHN FISHER.
In the presence of WILLIAM SUMMERS."

*** Properly authenticated cases of similar discoveries will always be recorded with pleasure in our pages; and those who are alive to the interest excited by such communications are requested to communicate them as often as they may come to their knowledge.

A Caution.—The following accident happened at Munich on the 12th of February:—An apothecary's shopman being engaged in beating up, in a mortar of serpentine stone, a mixture of oxymuriate of potash, sulphur, sugar, and cinnabar, for the purpose of making chemical matches, a terrible explosion took place, which killed the person who was making the mixture, wounded the apothecary, who at that instant entered, blew the mortar to pieces, and damaged the stove and furniture of the room.

At a recent sitting of the Society of Medicine of Paris, M. L'ESPAGNAL communicated a very singular fact:—A workman of a village at a considerable distance from the capital, in barking the branches of trees, totally cut off the last phalanges of the index finger of the left hand, and went home; his mother had the idea of

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replacing the part cut off, and went and found it amongst the chips where he had left it, and eighteen minutes after the accident she applied the parts together, and they united perfectly, but remained in a state of atrophy for some time, but by slow degrees it recovered its sensibility.

Numerous cases have recently been quoted in the various Medical Journals of Europe, of examples of uniting by a suture, and in some cases by the first intention; but in, we believe, all these cases the part was not entirely cut off, but hung by a particle of the skin. This case, well authenticated, proves that this is not absolutely necessary to insure success.

Dr. Husson, who had so greatly contributed to the propagation of vaccination in France, found recently, on opening the body of a woman at the Hotel Dieu, a *polypus* in the stomach; it measured eight inches in length, and six-tenths of an inch in diameter; this body, which is of a greater size than any hitherto discovered, adhered to the membrane of the stomach, but it did not appear to have had any action in the vital functions, nor had it any influence in the cause of her death. Dr. Brechet has made a drawing and preparation, with a description, of this polypus; and we hope next month to give his Memoir in the Medical and Physical Journal.

A suture of the membrane of the stomach has been the subject of a memoir read at the Faculty of Medicine, by the Baron Percy. The success with which this operation has been performed in more than one case, has removed all apprehensions of those wounds being invariably mortal, as they had previously been considered.

The *Journal Universel des Sciences Medicales* contains a proposal for the translation of Garth's Dispensary. The compilers give a general analysis of the work, which they say, "donnera une idée du genre de plaisanterie que les Anglais appellent *humour*. Cet ouvrage, traduit en vers, paraîtrait fort piquant, si l'on en juge par l'exorde que Voltaire a rimé:

"Muse, raconte-moi les débats salutaires
Des médecins de Londre et des apothicaires.
Contre le genre humain si long-tems réunis,
Quel dieu, pour nous sauver, les rendit ennemis?
Comment laissèrent-ils respirer leurs malades
Pour frapper à grands coups sur leurs chers camarades?
Comment changèrent-ils leur coiffure en armet,
La seringue en canon, la pilule en boulet?
Ils connurent la gloire; acharnés l'un sur l'autre,
Ils prodiguaient leur vie et respectaient la nôtre."

We very much fear this inimitable poem would lose much of its force in a French dress, and even in the meridian of France, where the distribution of the medical offices is so different; the apothecaries never visiting, but confining themselves to compounding at

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home. The present custom in London seems to have been recent even in Garth's time, and to have led to the proposed dispensary at the college, that those who could not afford to fee physicians might have advice gratis from that order of the profession, and, by receiving the medicine gratis, the prescriptions might not fall into the hands of apothecaries, who, at that time, had no medical knowledge from any other source.

"Thus, *modern* apothecaries taught the art,
By doctor's bills to play the doctor's part, &c." *Garth.*

We cannot but approve the modern custom of requiring a suitable education, and, at length, an examination of men whom the public will consult, and who cannot be expected to withhold their advice.

On the Venom of the Viper. Extracted from the Discorso del Sig. Prof. MANGILI, intorno al Veleno della Vepera, letto al R. I. Instituto.

The ancients were of opinion that the poison of vipers, introduced direct into the alimentary canal, was not dangerous. They founded their argument on the fact, that one might with impunity suck the wound made by a viper, carefully spitting it out; and which was one of their remedies. Redi has adopted this opinion.

Since that period, Fontana advanced that, if a small dose of poison might be taken by man without danger, on account of his bulk compared with that of the viper, a larger dose would be dangerous, and even fatal. He cut off the heads of eight vipers, and expressed all the venom into a tea-spoon, and introduced it into the stomach of a pigeon, which had had no food for eight hours. In less than a minute the animal appeared weak, in two minutes more it began to stagger, fell on its side, and died in six minutes in strong convulsions.

This experiment is the reverse of that of Redi, who, having dilated the poison of four vipers in a glass of water, and having given part to a goat and part to a duck, perceived no effects resulting from it.

At length, Jacob Stozzi drank with impunity the poison of a viper dilated in half a glass of wine: at another time he drank the poison of three vipers, dilated in a similar manner.

Wishing to clear up the point, M. Mangili took four small blackbirds. The first drank the fluid venom of three vipers, the second that of four, the third that of five, and the fourth that of six, of these animals. They appeared at first plunged into a state of stupidity and inaction, but in less than an hour they were as lively as before, and ate with appetite.

He then gave the venom of upwards of twenty vipers to a little puppy, in which it produced no effect.

These experiments were so conclusive, that a person present swallowed the venom of four large vipers without being affected by it.

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The following year the experiment was repeated on a crow, which had fasted twelve hours: it drank with impunity the venom of sixteen vipers.

In October, 1814, says the author, I forced seven large vipers to shed all their venom into a cup. I steeped in it crumbs of bread, and made a pigeon swallow them. At first it appeared ill, but soon recovered itself. Some days afterwards I introduced into its food, as well as that of another pigeon, a small quantity of venom, very dry, which had been kept fourteen months in a glass hermetically closed. They both manifested signs of being poisoned, and died in about two hours.

Another pigeon swallowed the poison of ten large vipers without it at all affecting it.

Fontana asserted that dry poison lost its virtues in nine months. The above experiment shews the contrary. In introducing poison into a wound, I cover the wound with court plaster, in order that the poison may not be rejected by the flowing of the blood.

I have made similar experiments on pigeons with poison kept eighteen, twenty-two, and even twenty-six months. The effect was always the same; and therefore I have no hesitation in contradicting the assertion of Fontana, and to affirm, that poison, carefully kept, will retain its noxious qualities for years.

The situation of the Duke of Newcastle's family at Clumber Lodge is an object of most important inquiry. Besides his Grace, fifteen of the family, including servants, are ill of fevers. The Duchess has been delivered of a dead child, but whether from a slighter attack of the fever, or anxiety on account of the Duke, is not ascertained. In the present uncertainty, the cause is variously surmised. The most current report is, that a lake being dried, and the soil removed for the purpose of manure, its effluvia produced this dangerous miasma. This is the more remarkable in so cold a season. We have heard that, in some parts of the country which have been drained near the banks of the Ouse, continued fever has taken place of the former intermittents. We shall be thankful to any practitioner in these parts, or near the Duke's neighbourhood, who will favour us with information.

In the course of next month will be published in London, No. 1, of the Continental Medical Repertory, exhibiting a concise view of the latest discoveries and improvements made on the continent in Medicine, Surgery, and Pharmacy. Conducted by E. Von Embden, M.D. assisted by other gentlemen of the faculty.

In the press, and will speedily be published, an Experimental Inquiry into the Laws of the Vital Functions, with some Observations on the Nature and Treatment of Internal Diseases. By A. P. Wilson Philip, M.D. In part re-published from the Philosophical Transactions, with the Report of the National Institute of

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France on the Experiments of M. le Gallois, and Observations on that Report.

In the press, the Consulting Surgeon, or Practical Essays, Cases, and Observations, illustrating the more important Surgical Diseases. By John Bell, Edinburgh. The object of this work is to represent, in regular series, 1st, the influence of education on the talents, manners, and conduct, of the medical profession; 2dly, the duties of consulting and operating surgeons; 3dly, the influence of inerted vascular action in ruining the organization of its several parts and organs of the animal body; 4thly, Consultations, Narratives, and Descriptions, of the more important injuries or diseases of the limbs, of the skull, of the brain, of the arteries, of the urethra and perineum, and of the urinary bladder. With sketches of the several parts in their natural and in their diseased condition; with plans of the necessary operations, in fifty engravings.

Dr. Davis will commence his first Summer Course of Lectures on the Theory and Practice of Midwifery, and on the Diseases of Women and Children, on the 20th of May.

Dr. Clutterbuck will begin his Summer Course of Lectures on the Theory and Practice of Physic, Materia Medica, and Chemistry; on Monday, June the 2d, at ten o'clock in the morning.

Theatre of Anatomy, Hatton Garden.—Mr. Taunton's Summer Course of Lectures on Anatomy, Physiology, Pathology, and Surgery, will commence on Saturday, May 24th, 1817, at eight o'clock in the evening precisely, and be continued every Tuesday, Thursday, and Saturday, at the same hour.

REPORT OF DISEASES.

The continued coldness of the weather produces a continuance of inflammatory diseases, chiefly pulmonary. Many subjects who appeared convalescent and likely to pass the summer without inconvenience have relapsed, and are threatened with phthisis, unless the season should become more genial.

Typhus is said to be prevalent, which may be expected from the continuance of cold, added to the other distresses of the poor. Hitherto, however, the benevolence of the higher orders has prevented that abject distress, which, under similar circumstances on former occasions, produced pestilence in addition to famine.

Some cases of small-pox after vaccination have occurred, which appeared at first alarming, but in the end proved of the mitigated kind; they have all dried early, and we doubt not the uneasiness they have excited will gradually subside.

Scarlatina has been very prevalent, but rarely fatal.

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[We have much regretted the disappointment experienced by the various engagements of our former Reporter, in consequence of which the Register has been omitted in the two preceding Numbers. To render the work a complete record in this as in every thing else connected with medicine, we now continue the Register from the date of our last.]

A METEOROLOGICAL JOURNAL,

By Messrs. William Harris and Co. 50, Holborn, London.

From the 20th January to the 19th February, inclusive.

Day of Month.	Rain gauge	Therm.			Barom.		De Luc's Hygrom. Dry.	De Luc's Hygrom. Damp	Wind.		Atmospheric Variation.		
Jan.													
20		42	41	35	28[8]	29		12	12	SSE	SW	Fine		
21		36	40	37	29[5]	29[9]		10	9	SW	SSW	Fine		
22		43	46	43	29[6]	29[9]		10	20	SW	SW	Clo.		Fine
23		47	52	45	29[8]	29[9]		19	15	SW	W	Clo.		Fine
24		47	51	43	30	30		15	15	W	SW	Fine		
25		47	53	46	30[3]	30[3]		20	20	SW	SSW	Clo.		
26	,05	47	49	45	30[2]	30[2]		16	15	SSW	SSW	Clo.		Fine
27		47	48	42	30[4]	30[4]		15	10	SW	WSW	Clo.		
28		45	48	43	30[4]	30[3]		11	11	E	SW	Clo.		Fine
29		45	48	42	30[3]	30[3]		10	11	SW	W	Fine		
30	,03	44	51	44	30[3]	30[3]		12	12	W	NW	Fine		
31		45	48	39	30[4]	30[5]		13	10	NW	NW	Fine		
Feb.														
1		40	49	39	30[5]	30[5]		10	10	NNW	NNW	Fine		
2		40	49	39	30[4]	30[4]		10	10	W	WSW	Fine	Clo.	Fine
3		41	46	39	30[3]	30[2]		10	9	SW	SSW	Clo.	Fine	
4		40	45	38	30	29[6]		8	9	SW	SSW	Fine		
5		40	45	42	29[8]	30		8	10	W	SSW	Fine		Rain
6	,03	47	50	44	30	30[1]		14	12	WSW	WSW	Clo.	Rain	Fine
7		45	51	45	30[1]	30[2]		10	12	WSW	W	Fine		
8		48	51	44	30[2]	30[2]		10	8	WSW	SW	Fine		
9		49	51	44	30[4]	30[3]		7	7	SW	SSW	Fine		
10		46	49	35	30[2]	30		8	8	W va.	SW	Clo.	Fine	Clo.
11		36	38	35	29[9]	30		8	9	NNE	SW	Rain	Fine	Clo.
12		39	41	35	29[9]	30[4]		9	8	W	W	Fine	Rain	Clo.
13	,12	37	50	39	30	29[6]		7	6	S	SW	Rain		
14	,19	40	47	39	29[5]	29[8]		6	8	W	SW	Fine		
15		41	48	37	29[5]	29[5]		9	12	WSW	W	Rain	Fine	
16	,10	40	46	39	29[8]	30		10	8	SW	SW	Fine		
17		42	49	42	30	30		8	12	SW	SW	Clo.	Fine	
18		45	49	42	30	30		15	12	SW	SW	Clo.		Rain
19	,23	45	47	44	30[2]	30[1]		10	12	W	SW	Fine		Rain

The quantity of rain fallen in the month of January was 2 inches and 68-100ths.

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A METEOROLOGICAL JOURNAL,

By Messrs. William Harris and Co. 50, Holborn, London,

From the 20th February to the 19th March, inclusive.

Day of Month.	Rain gauge	Therm		Barom.		De Luc's Hygrom. Dry.	De Luc's Hygrom. Damp	Wind.		Atmospheric Variation.		
Feb.												
20		46	49 37	29⁶	29⁵	14	10	SW	WSW	Clo.		
21		39	43 37	29⁶	29⁵	6	7	W	W	Clo.		Rain
22	,19	39	47 39	29⁶	29⁶	7	5	SW	W	Clo.	showery	shower.
23	,12	41	45 40	29⁷	29⁷	9	10	NNW	NW	Fine		Clo.
24		42	47 42	29⁶	30	10	9	W	SW	Fine		Clo.
25	,08	44	48 43	30	30	7	6	SSW	SW	Fine	shower.	Fine
26	,10	46	50 44	30¹	30²	7	5	W	W va.	Rain	shower.	Fine
27	,04	47	49 41	29⁶	29⁹	7	8	W va.	SSW	Fine	shower.	Fine
28	,06	44	53 46	29⁹	29⁹	6	9	WSW	W	Clo.	Fine	Fine
March												
1		48	51 41	29⁸	29⁶	9	7	W	SW	Clo.	Fine	Rain
2	,14	45	50 38	29⁵	29²	5	5	SW	SW	Fine	Clo.	Rain
3	,10	40	47 41	29⁴	29	5	5	SSW	SW	Fine	Clo.	Rain
4	,11	43	49 36	29	29²	6	6	W va.	W va.	Clo.		Rain
5		38	47 40	29³	29³	8	9	SW	SSW	Fine		
6	,10	43	46 36	29²	29²	8	7	WNW	SW	Rain	Fine	
7	,18	39	46 35	29³	29³	7	7	SW	SSW	Fine	Fine	Rain
8	,43	39	44 36	29¹	29⁴	8	7	W	WSW	sleet & Rain	Fine	Clo.
9		40	42 35	29⁷	29⁸	6	5	W	W	Fine	shower.	Fine
10		38	46 38	30	30²	4	5	W	SW	Fine		Clo.
11		40	49 44	30²	30¹	6	9	SW	SSW	Fog	Clo.	
12		47	53 50	30	29⁹	10	12	S	SW	Fine	Clo.	
13		52	57 45	30	30¹	10	12	WSW	WNW	Fine	Clo.	Fine
14		47	51 39	30²	30³	12	7	NE	E	Fine		Clo.
15		41	52 38	30³	30³	5	5	SE	S	Fog	Clo.	Fine
16		46	54 35	30²	30²	5	5	E	E	Clo.	Fine	
17		40	47 33	30³	30³	5	5	NE	NW	Fog	Fine	Clo.
18		38	49 42	30³	30¹	5	5	SE	SW	Fog	Fine	
19		45	47 32	29⁹	29⁸	6	2	SW	WSW	Clo.	Fine	

The quantity of rain fallen in the month of February is 1 inch and 26-100ths.

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A METEOROLOGICAL JOURNAL,

By Messrs. William Harris and Co. 50, Holborn, London.

From the 20th March to the 19th April, inclusive.

Day of Month.	Rain Gauge	Therm.			Barom.		De Luc's Hygrom. Dry		Damp		Wind.		Atmospheric Variation.		
March															
20		33	37	27	29⁸	29⁹			1	1	W	NNW	Fine	Snow	Clo.
21	,03	31	39	28	29⁹	29⁹	0	0	0	0	NW	NNW	Fine		Clo.
22		30	35	33	29⁹	30			1	1	N	NE	Fine		Clo.
23		39	43	42	30	30			1	2	SE	S	Fine		
24		45	48	45	29⁹	29⁹			2	8	S	SSW	Fine		Clo.
25		46	51	42	29⁸	29⁹			9	10	SSW	SE	Rain	Fine	Clo.
26	,03	44	50	37	30	29⁹			9	9	S	WNW	Clo.		
27		40	48	39	30¹	30²			6	2	NNW	WSW	Fine		
28		42	45	42	30	30			2	7	S	SSW	Clo.		
29		47	53	43	29⁹	29⁹			7	9	S	SW	Clo.		Fine
30		50	55	45	30¹	30²			12	10	S	SSW	Fine		
31		47	49	44	30⁴	30⁶			9	2	SSW	SE	Fine		
April															
1		49	55	42	30⁶	30⁵			2	2	SSE	ESE	Fine		
2		44	54	40	30⁵	30⁴			2	2	ENE	ENE	Fog	Fine	
3		46	56	43	30⁴	30⁴			1	1	NE	NE	Fine		
4		45	53	42	30⁴	30⁴	0		0	1	NNE	NNE	Fine		
5		43	47	38	30⁴	30⁴			1	2	NE	E	Fine		
6		42	45	39	30⁴	30⁵	0		0	1	NE	NE	Fine	Clo.	
7		43	47	40	30⁵	30⁴			1	2	ENE	ENE	Fine		
8		42	48	41	30¹	30			2	2	SE	SW	Fog	Fine	Clo.
9		43	47	32	30	30¹		0	2	0	WSW	W	Fog	Fine	
10		34	40	30	30²	30³	2	2			NW	NW	Fine		
11		38	43	39	30²	30³	2	1			NNW	NW	Fine		
12		43	49	38	30¹	30²	1	1			NW	W	Fine		
13		41	49	40	30²	30²	0		0	5	WNW	W	Clo.	Rain	Clo.
14	,02	47	55	47	30¹	30¹			4	5	W	W	Fine		
15		49	58	50	30	29⁹			4	4	W	NW	Fine		
16		47	49	39	30²	30¹	0	1	0		NNW	N va.	Rain		Clo.
17	,07	43	49	39	30³	30⁴	2	1			N	N	Fine		
18		43	49	38	30⁴	30⁵	1	2			NNE	W	Clo.		
19		45	53	44	30⁵	30⁴	1	0		0	N va.	N va.	Fine		

The quantity of rain fallen in the month of March is 1 inch and 12-100ths.

To

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CATALOGUE OF MEDICAL BOOKS.

An Essay on Burns, in Two Parts, principally on those which happen to Workmen in Mines from the Explosions of Carburetted Hydrogen Gas; containing, also, a View of the Opinions of Ancient and Modern Authors upon the Treatment of Accidents by Fire, and including a Variety of Cases conducted upon different Principles; the whole tending to secure the Healing Art from Empiricism, and to reduce it to Established Laws. The First Part originally published in 1797; the Second Part in 1800. By Edward Kentish, M.D. Physician to the Bristol Dispensary and St. Peter's Hospital.

A Physiological System of Nosology, with a corrected simplified Nomenclature. By John Mason Good, F.R.S. &c.

TO SUBSCRIBERS.

The increased value of the Journal, by the prospect of a General Index, having caused many applications for the back numbers, the Proprietors feel bound in gratitude to pay some consideration to the accumulated expences thus entailed on many of their earliest subscribers in completing their sets; some Gentlemen, by absence in the service of their country, have been unable to procure the work during certain periods, and others, not aware of the increasing value of their early numbers, have suffered them to be mislaid or destroyed. Any of a date previous to 1817 *will, therefore, be sold at the reduced price of* 1*s.* 6*d. each, until the* 1*st of Octobrr next; after which, none can be had under* 2*s.* 6*d. Some of the numbers are nearly out of print; in supplying these, a preference will of course be given to the earliest application.*

NOTICES TO CORRESPONDENTS.

Several favours from Correspondents have been received, and also several books for our Analysis. The first will appear in our next Number; the latter will be noticed in the order in which we have received them.

Our Correspondents will please to be particular in the Address of their Communications, which should be thus, "To the Editors of the London Medical and Physical Journal, at Mr. Souter's, No. 1, Paternoster-Row; or at Mr. Adlard's, 23, Bartholomew-Close."

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THE LONDON

Medical and Physical Journal.

6 OF VOL. XXXVII.] JUNE, 1817. [NO. 220.

" For many fortunate discoveries in medicine, and for the detection of numerous errors, the world is indebted to the rapid circulation of Monthly Journals; and there never existed any work to which the Faculty in Europe and America were under deeper obligations than to the Medical and Physical Journal of London, now forming a long, but an invaluable, series."—Rush.

For the London Medical and Physical Journal.

Remarks on M. Lemaire's Paper concerning a peculiar Structure of the Teeth; by John Nicholls, Esq.

YOUR note to the remarks "On some Peculiarities of the Teeth, by M. Lemaire, Dentist, of Paris," in the Number of the Medical and Physical Journal for February last, is chargeable with whatever trouble this communication may occasion you.

I should have considered that gentleman's laconic paper undeserving of attention, especially when the character of your readers is considered, were it not for his illiberal abuse of a lately departed ornament of society—I mean Mr. Joseph Fox.

Upon examining the mouth of the young lady, the subject of M. Lemaire's "peculiarity of structure," he informs us that "he found the temporary cuspidatus had been extracted to make room for the secondary incisores, as is now the common practice." Is this a suggestion that the common practice is erroneous? Does he not know that the jaw rarely becomes early enough expanded to allow of the regular growth of the four incisores? consequently such "common practice" is supported by the best test—that of experience. Why the extraction of the temporary cuspidati should have been matter of surprise, when all the young lady's temporary teeth had been long extracted, cannot be well conceived, unless for the purpose of conveying oblique censure.

M. Lemaire proceeds—"The first small molaris had replaced the cuspidatus in such a manner, that the latter, meeting with obstacles, had not shewn itself between the first little molaris and the little *incisores* [incisor] until the young lady had reached her sixteenth year."

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The former part of this remark is, again, incorrect. The first little molaris [bicuspis] had not replaced the temporary cuspidatus; it was the lateral incisor which occupied the situation in which it [the temporary cuspidatus] formerly stood.

As to the propriety of extracting either of the bicuspides or the cuspidatus, no one, without seeing the mouth, can determine; but, however plausible the "principle" may be, "of never deranging what appears to be well," it is only in cases where the first bicuspis is more than usually prominent, that the cuspidatus should be extracted, as it contributes so much to the beauty and expression of the countenance.

If I properly understand the remark—"with my instrument reversed, I made a demi-luxation," this cuspidatus was attempted to be extracted by the key-instrument, the use of which, in such cases, is at all times unnecessary, dangerous, and inconvenient.

But the great peculiarity of the case is, the "extreme surprise in finding *four* instead of *one cuspidatus.*" It is fortunate the plate accompanied this description, for otherwise it would certainly have been unintelligible. There were assuredly not *four cuspidati*—there was *one cuspidatus* and three small bony processes, or supernumerary teeth, incapable of ever resembling cuspidati. What seems to throw a doubt upon their being supernumerary teeth at all, is, the fact of M. Lemaire mistaking them for a piece of *tartar*, "being precisely of the same colour." Now we know extremely well, that, at this age, all new-formed teeth are particularly white: and we might, at least, expect them to be all of the same colour.

It appears that the parents of this young lady had neglected to consult any regular dentist until all the mischief that could happen was completed. Is it not, then, very probable that the temporary molaris, in this case, had very early become decayed, and, losing its crown, had left the three fangs in their own *alveoli;* which last, being gradually absorbed, would certainly leave these remnants very loose, and easily extracted? But, being unmolested, the young lady, perhaps, instead of complaining, taking care to keep them in, and submitting to masticate on the other side only, the bicuspis regularly appearing, and the cuspidatus pressing downwards, fixed them firmly, and ultimately concealed them from view. At this time, and in this condition, M. Lemaire very ingeniously removed them, with the cuspidatus, and, in *his* imagination, converted them into supernumerary teeth! Cases of this kind are seen every day; but dentists are seldom consulted upon them, unless they occasion pain by the

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the fangs producing pressure on the gums.—I think we are entitled to infer thus much, from the negligence with which M. Lemaire appears to view the productions of nature, as well as those of talent.

I send you, with this, a model* I took of a mouth, some short time since, in which you will perceive three perfectly-formed permanent cuspidati.

The note relative to the extraction of the Dens Sapientiæ, appended by M. Lemaire to his paper, is an unintended compliment to the memory of Mr. Fox, and proves how little M. Lemaire must have read, or, if he read, how little he understood, or, if he understood, how carefully he concealed the merits, of the "quarto volume, printed in a most expensive style, with 19 plates" (26 it has).

Mr. Fox particularly points out the absolute propriety of extracting the dens sapientiæ externally, and, for that purpose, has adopted and warmly recommended Mr. Spence's instrument. I shall give Mr. Fox's own words, as I cannot improve them.

"The extraction of the dentes sapientiæ of the under jaw is attended with more difficulty than that of any other of the teeth. The jaw-bone begins to rise on the outer side of the dentes sapientiæ, in order to form the coronoid process; and, in some persons, the rise of the bone is nearly as high as the tooth. Hence, there is not sufficient depth for the bolster of the instrument to be applied on the outside of the tooth, and there would always be a necessity for drawing the tooth inwardly, if we did not possess a safe method of extracting it outwardly. It was with this view that the improvement of Mr. Spence was introduced. A dens sapientiæ, which is much decayed on the outer side, could not be drawn inwardly, because the decayed state of the tooth would prevent proper hold for the instrument. Likewise, with a common key-instrument, it would not be possible to draw it outwardly, because the rise of the jaw-bone would render it impracticable. These difficulties are entirely obviated by advancing the claw beyond the bolster; a fulchrum is then conveniently obtained by applying the bolster upon the jaw at the outer side of the second molaris, and, the claw being fixed on the inner side of the tooth, it may be drawn outwardly with great safety. By operating in this manner, much difficulty is obviated, and the danger of breaking away large portions of the alveolar process is prevented."

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* For a future Number, we are promised a drawing of the above, with Mr. Nicholles' remarks.

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Notwithstanding the excellence of these remarks as a general rule, and much as I have always esteemed the character and talents of the late author above quoted, I must remark, that my own experience has convinced me there are cases in which the dens sapientiæ can be extracted inwardly with much less pressure, and, consequently, less pain to the patient than outwardly; and also cases in which the tooth could not be extracted externally on account of its great inclination towards the tongue. In the case of M. Lemaire, the dens sapientiæ stood entirely alone; consequently, the plan of using Mr. Spence's instrument could not be adopted with success, as the means by which the fulchrum would have been obtained, viz. the second molaris, was gone. The tooth was decayed on the inside. The chance, therefore, of laying hold of it with the claw at that part was, in great measure, lost, even allowing that the rise of the jaw did not prevent the application of the bolster. But, says M. Lemaire, "the outside afforded ample space for attaching the forceps;" still he "experienced great difficulty in the operation of separating the splinter from the tooth," after what he calls a "demi-luxation" had taken place.

Attempts in general to extract any of the molares with the forceps are unavailing: the key-instrument, notwithstanding all the ingenious inventions and theories advanced, for the purpose of extracting teeth perpendicularly, is the most effectual, and, in the hands of a careful, intelligent, and experienced operator, the safest.

The fracture mentioned by M. Lemaire, the similar case in Mr. Fox's work, and one I myself saw some short time since, (the piece of which I have,) were not occasioned merely by the attempt to extract them externally, but by inattention to the size of the instrument. I mean particularly the claw, and the application of the bolster.

The plan recommended by Mr. Benjamin Bell, in his System of Surgery, "to press the bolster as low as possible," cannot be too severely reprobated, or too generally pointed out, as the work is usually read by students.*

In cases where it is necessary to extract the dens sapientiæ inwardly, care should be taken that the claw is not larger than is sufficient to embrace the tooth with ease. The bolster should be applied as nearly opposite the point of it as the eye can direct, and, whilst the pressure is sufficient

* Such are the unavoidable inconvenience of all *systems*, whether of surgery or medicine. Few men of sufficient knowledge have leisure for, or will attempt, such works.—Edit.

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to move the tooth from its socket, an elevation should be performed by the hand, which would at all times remove the tooth with increased ease, and invariably prevent such dangerous occurrences.

Fleet-street; May, 1817.

For the London Medical and Physical Journal.

Case of Enteritis; by GIDEON MANTELL, Esq. F. L. S. and Member of the Royal College of Surgeons.

J. N. ætat. 53, had for many years been occasionally troubled with dyspepsia. Compelled by his occupation (that of a dealer in hats) to lead a sedentary life, he became very hypochondriacal; and, although at intervals, a walk in the country and cheerful society, rendered him comparatively well and happy, yet these favorable appearances were not of long duration, and were succeeded by derangement of the digestive organs. His appetite was seldom much impaired; and, although his bowels were disposed to costiveness, this was readily prevented by mild aperient medicines. He usually complained of flatulence and a sense of "weight or constriction in the pit of the stomach," unaccompanied by pain or nausea. Infusions of aromatic bitters, with small doses of the sulphate of magnesia, and, occasionally, a few grains of pil. hydrargyri at bed-time, invariably afforded him relief. He had inguinal hernia on the right side, but it was never painful or otherwise troublesome, and he had worn a truss many years without inconvenience.

On the 11th of March he applied for his usual medicines, (infus. cascarillæ cū magnes. sulph.) and, to use his own expression, "was well in a few days."

On April the 13th, he felt himself particularly well, and retired to rest at ten o'clock in the evening. He immediately fell into a sound sleep, and reposed till four in the morning of the 14th, when he was awakened by acute pain, accompanied with distension in the umbilical region extending to the right hypochondrium: he drank some warm rum and water; but, the pain increasing, he sent for me at half past five. I found him lying across the bed, with a countenance expressive of great anxiety. On seeing me, he exclaimed, "the wind has stopped in my stomach—I must die—nothing will do me any good!" His pulse was ninety, weak and faultering; the temperature of the skin but little augmented; the tongue clean; respiration hurried; and the abdomen so remarkably tense, that it resisted the firmest pressure

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pressure I could make, and which did not appear to aggravate his sufferings. Aware of the existence of hernia, my first inquiries were directed with a view to ascertain how far it might be connected with the present symptoms: he told me, that he had passed a copious alvine discharge the preceding evening, and had removed the truss when he went to bed, that the rupture was now full of wind, but quite easy. On examination, I found the scrotum considerably distended by the hernia; it was elastic, and could be handled without producing any uneasiness. I carefully attempted its reduction, but could not succeed. Fomentations to the abdomen, and emollient laxative clysters, were directed, with an aperient mixture, (magnes. sulph. ℥j. aq. f. ℥iij. m. capiat. cochl. iv. omni hora donec alvus respondeat.) At eight, he was no better; the pain in the abdomen had increased; the medicines had not operated; and the hernia was rather painful. His pulse was full, and one hundred and ten per minute; ℥xviij. of blood were taken from the arm, it flowed very rapidly, and occasioned a slight fainting; I again had recourse to the taxis, but was unsuccessful. The warm-bath was immediately directed: after he had been in it twenty minutes, the pulse, which had been diminished in frequency and strength by the previous bleeding, became full, and rose to one hundred and twenty; venæsection was repeated, but, scarcely had three ounces of blood escaped, when he fainted. I seized this favorable opportunity, and, to my great joy, reduced the hernia in an instant. It may be proper, in this place, to remark, that the blood exhibited no marks of inflammation; not the least trace of a buffy hue or cup-like appearance was perceptible. The reduction of the hernia afforded no relief; his pulse was scarcely perceptible; the pain and constipation continued. Three doses of cathartic pills, consisting of ext. colocynth. c. calomel and ext. hyosciami were ordered to be taken at intervals of half an hour between each dose, and a large blister applied to the abdomen.

The means made use of were attended with no advantage, nothing appeared to arrest the fatal progress of the disease; I, therefore, forbear to occupy the pages of your excellent Journal, by an unnecessary detail of the treatment. At five o'clock, his pulse was one hundred and twenty, soft and distinct. I had left him but a very few minutes, when his servant came to require my immediate attendance—before I arrived, he was no more!

I could not obtain permission to examine the body till the 17th. On opening the cavity of the abdomen, (in the presence

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sence of Messrs. Moore and Hodson, who had attended with me,) a considerable quantity of fluid gushed out, and we discovered adhesions so firm and extensive, between the omentum and peritoneum, that it was impossible to separate them from each other without laceration. Marks of inflammation were general on the peritoneal coat of the abdominal viscera. The stomach, the small and large intestines, particularly the cœcum, the omentum, peritoneum, and external surface of the liver, exhibited large patches of a florid red colour, and a layer of coagulable lymph covered many parts of the peritoneum; the inferior margin of the omentum adhered to the hernial sac, and it seems probable that this circumstance might have occasioned the uneasiness and constriction of the stomach, of which the patient had so long complained. There was no appearance that strangulation had existed; the portion of intestine which formed the hernia, had fewer traces of inflammatory action than any other part of the intestinal canal. An inspection of the stomach enabled us to discover the origin of the fluid observed on dividing the parietes of the abdomen; it had escaped from the stomach through a small ulceration near the pylorus; the margin of this ulcer was of a very dark colour, and the villous coat of the stomach surrounding it, possessed considerable redness. The kidneys were healthy; the pancreas and spleen were not examined. In the thorax, some marks of inflammation were also observed; the pleura pulmonalis and costalis adhered to each other almost throughout their whole extent. The heart was free from disease.

In offering the preceding case to the notice of your readers, I have confined myself to a plain statement of facts. I beg permission, however, to observe, that the following appear to be the most striking features of the case:—

1. The ulceration of the stomach, with the absence of vomiting and nausea.

2. The extent of inflammatory action; the adhesions which it produced; the rapidity of its progress; and its fatal termination, without occasioning gangrene.

3. The healthy appearance of the blood taken in a full stream, and from a large orifice, when active inflammation was present.

Castle-place, Lewes;
May 5, 1817.

For

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For the London Medical and Physical Journal.

Remarks on the Disease of which Dr. Rush died; by H. E.

YOUR Number for this month contains a letter from Dr. Mease, of Philadelphia, to the late Dr. Lettsom, concerning the disease of which Dr. Rush died. I have been a good deal struck with several passages in that letter, on which I shall presume, with your leave, to make a few remarks,—with no intention whatever of cavilling or quibbling, but purely for the sake of obtaining information.

There is no man of liberal sentiments but must join Dr. Mease and you in the merited censure which you pass on those contemptible spirits, who, for the purpose of gratifying their malignant passions, are ever ready to view the unfavourable side, and to vilify professional reputation. Fortunately, in this instance, their triumph has been but short-lived; for, whatever reflections may arise out of the history of the case, it is sufficiently clear that the medical sage of Philadelphia did not fall a sacrifice to the depletory system of treatment.

In proof of this fact, Dr. Mease informs us that Dr. Rush "was not afflicted with *typhus* or *spotted fever*, but with a true pleurisy, and the blood, so far from being *freely* taken, amounted only to *ten* ounces in quantity; more was not taken away (except locally), although the pain in his side, after having been relieved by the operation, returned with severity, and the disease ended as inflammatory affections of the lungs often do in such habits as that of Dr. Rush.

This, however, is not the principal point to which I direct your attention. We are told by Dr. Mease, in his explanation of the treatment, that the taking away of the ten ounces of blood *certainly weakened him*. Now, sir, it is this piece of information which perplexes me, and tends to confound all my notions respecting inflammatory diseases and bloodletting. I do not profess to know precisely the many local circumstances which may modify climate and other causes that produce disease in the city and neighbourhood of Philadelphia; but Dr. Mease has furnished us with one point of parallelism between that situation and the British islands, by stating that the climate is "inconstant." So far, we may presume, there is a certain similarity, and venture to reason accordingly. Can we suppose, then, that a loss of blood to the amount of *ten* ounces, in a *true pleurisy*, of not more than twelve hours' continuance, and in a patient who is described as having been "as well as usual through the day" before,

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before, could have *certainly weakened*? If this be the case, I must acknowledge, with surprise and sorrow, that all my ideas on the subject are completely unhinged. If, at the commencement of one of those diseases the most decidedly inflammatory and fatal, the balance be so delicately adjusted, that, under the circumstances stated in this history, the abstraction of ten ounces of blood does *certainly* weaken, who shall any more hazard to prescribe or to employ the lancet?

But such an opinion is so greatly at variance with all the more commonly received views of the subject, at least on this side of the water, that one of two conclusions, I humbly submit, must inevitably follow from the account: Either that the disease of which Dr. Rush died was not a true pleurisy, in which case, the loss of ten ounces of blood might possibly, though, I think, not at all probably, do harm; or, allowing it to have been a true pleurisy, which there appears every reason to believe that it was, the ten ounces of blood could not by possibility be hurtful. Really, thus much would seem to be absolutely necessary, if it be wished to preserve confidence or consistency in medical theory and practice. For, making every allowance for difference of age, constitution, and situation, if we find, in one page of your Journal, that, in the variable climate of Philadelphia, the loss of ten ounces of blood, in a true pleurisy, produced weakness; and a few pages farther of the same Number of your Journal, that "early bleeding, not regulated by *quantity* but by *effect*, was the remedy, and, in some cases, that 200 oz. were abstracted in two or three days, besides *other* evacuations and cold affusions," and that too in fever, and in a tropical climate, where and how shall we discover a criterion by which to regulate our practical measures? In fact, there can be no longer any guide, and "chaos is come again."

I am sorry, therefore, to be under the necessity of differing entirely with so respectable an authority as Dr. Mease, on this particular point of the case, and of concluding, that, whatever had occasioned the debility in his venerable friend, it could not have been the loss of so small a quantity of blood. Indeed, an impression widely different has been left upon my mind by the perusal of this interesting case. I am irresistibly led to imagine, that it was not the loss of these poor ten ounces of blood that produced any such effect, but the not having *early* lost ten, or twenty, or thirty, ounces *more*, or at least such a quantity as would have made some salutary and decisive impression on the system; thus affording the disease (supposing it still to be true pleurisy) full leisure to

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establish itself, and, by that means, *certainly* to *weaken* the patient. I make this observation with the more freedom that this part of the treatment was the suggestion of Dr. Rush himself, consequently no living practitioner can well be implicated in the omission. What particular features the symptoms assumed so as to deter from pursuing the plan of evacuation farther, it would be presumptuous to conjecture, as we are provided with no grounds upon which to proceed. Besides, those gentlemen who were consulted were fully competent to form an opinion, and, in fairness and candour, we must, of course, admit that their judgment was a correct one. But, if any farther evidence were requisite that the blood-letting did not *certainly weaken*, it is to be found in the statement of Dr. Mease, and in the more detailed account of Mrs. Rush, on which that statement is founded. The former acquaints us with the fact of the pain in Dr. Rush's side "having been relieved by the operation" of blood-letting; and Mrs. R. says, that the blood was taken from his arm "with evident relief," that "he remained the rest of the day (Thursday) and on Friday with but little apparent disease,"—and that "on the pain of his side, which had on Saturday returned acutely, still continuing, and his breathing becoming more difficult, he was so relieved by the loss of three ounces of blood by cupping, to which Dr. Physick had consented, that he fell into a refreshing sleep, passed a comfortable night, and on Sunday morning seemed free from disease."

Again, Dr. Mease, in explaining the practice, admits that, "though the blood-letting certainly weakened, yet had it not been ordered, it is highly probable that the pain of his side, and the great difficulty of breathing, which showed pulmonary congestion, would have exhausted him even before the period at which the disease finished its course." It in all probability arises from the dulness of my apprehension, but I cannot, for the life of me, perceive the satisfactory clearness of this reasoning. How could the blood-letting be said to weaken, when, by the very account, it so immediately and completely relieved the pain in the side, that is, the inflammation, which was the cause of the pulmonary congestion and the difficulty of breathing? How could that be said actually to debilitate, which protracted the patient's life? However debilitating the abstraction of blood, that fluid upon which the perfect performance of all the functions so essentially depends, may be, considered in relation to the body in the healthy state, yet, in relation to the body in a state of disease, it may prove directly strengthening. If it diminishes the force of that power, viz. the disease, which

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is already rapidly weakening the vital energy, and which, if allowed to proceed uninterrupted in its operation, must speedily cause death, the effect is any thing but debility.

I have taken the liberty of troubling you thus minutely, as the celebrity of the parties concerned, the interest which the medical public has doubtless felt in the circumstances detailed, and the publicity which has been given to them, seem to leave the subject open to observation. But, above all, it is a matter of the highest importance that correct and well-defined notions should prevail on points, which so seriously concern the conduct and reputation of practitioners, as well as the lives of their patients.

May 9, 1817.

We have given insertion to this very candid inquiry for many reasons, but, most of all, because we wish it to be understood by our younger readers, that, even admitting the patient felt weaker after bleeding, this is by no means a sufficient objection to the repetition of that practice, if pain and other symptoms of inflammation returned. Nor is it any proof that the weakness arose from loss of blood. Inflammation is itself a violent action, and leaves the subject weaker; but it also, when carried beyond a certain extent, destroys the function of an organ, or kills the patient. It must, therefore, be subdued at all events.—EDIT.

N.B.—This remark is not written by the gentleman personally addressed in this communication.

For the London Medical and Physical Journal.

Account of the Rise, Progress, and Treatment, of a Fever in the Neighbourhood of Ipswich. By W. HAMILTON, M.D.

IN confirmation of the improved practice and excellent rules laid down by Dr. Armstrong, in his late valuable work on Typhus and other Febrile Diseases, I beg leave to state a few cases of that destructive malady, which has frequently made its appearance in this neighbourhood during the last two years.

In the spring of 1816, there were several cases occurred at Whitton, a village about two miles distant from this town, where, in one family, two died.—Mrs. W. the mother of three children, and her husband's brother, who occasionally visited the house while she was confined. These cases had the earliest regular medical attendance. The symptoms were, continued fever, with considerable pain of the head; skin dry, with much thirst; bowels pretty regular, generally too laxative; little sleep and frequent delirium in the night.

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In this situation, the unhappy sufferers lingered four or five weeks, becoming weaker every day, and, towards the close of the scene, colliquative diarrhœa and uninterrupted stupor were most conspicuous.

It is almost useless to add, that all the usual remedies were had recourse to, as purging, sudorifics, salines, blisters, and, latterly, cordials and anodynes, without the least beneficial effects.

Three having now died in this situation in the adjoining houses, and the fourth, the father of six children, appearing rapidly to be following the same fatal course, it was determined to change the plan; and, after having bled him to the amount of ten or a dozen ounces, with a view to relieve the head, and finding the bowels generally regular without aperients, the antiphlogistic and sudorific plan was abandoned, and two grains of calomel, with one of opium, were taken three times a day, with two drams of ungt. hydr. rubbed in over the glandular parts night and morning; with an intention to produce ptyalism as soon as possible, as the only means of arresting the progress of the disease. This plan, which was in direct opposition to the advice of some of the medical gentlemen who visited him, succeeded in producing the desired effect on the fourth day. During this interval, I watched the patient with much solicitude, as he seemed every hour to be preponderating between life and death, till I saw with peculiar pleasure the saliva begin to flow, when he was immediately pronounced out of danger. The quantity of calomel was about thirty grains in the four days, with an ounce and a half of blue ointment. The ptyalism, which was rather severe, continued for eight or ten days after; during which time, his only medicine was the acidulated drink, prepared of muriatic acid and sugar, which had the best effect in restoring his strength. This case, being the first recovery from the fever in this village, excited not a little surprise; and soon after another case of an old pensioner occurred, in which, however, from his being already exhausted from the duration of the disease, the mercurial plan was attempted in vain as he died on the second day after, before it could possibly take any effect. This man had lingered for five or six weeks, and had been bled, blistered, and sweated, as well as the bowels kept regular, without the least beneficial result.

The next cases, in March 1817, which came under my notice, were a family of the name of Overton, in which six took the disease, two of whom had it most severely. It was introduced into this family by the eldest daughter, a Mrs. Smith, coming on a visit to her mother, where she was confined

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fined for ten days or a fortnight with the milder species of this complaint. Her child also had this disease rather severely, but recovered. As soon as she was capable of being removed, she returned to her own home, and scarcely had a day passed before two of her sisters, one about eleven and the other nine years of age, whom she kept, were seized in the night with violent pain in the head and delirium, which was soon succeeded by continued fever and great prostration of strength. This complaint appeared principally seated in the brain, as its chief symptoms were stupor and uneasiness. Their official medical attendant gave them great attention, supplying them well with fever powders, and keeping their bowels laxative with apericuts; still, however, they gradually became worse under this treatment, and, about the end of the third week, were so far reduced as to lose their speech, left off eating, and appeared in a constant comatose state, with their eyes scarcely sensible of light, and their frames reduced to mere skeletons. They were now given over, and nothing ordered except wine and water for their drink, as it seemed almost impossible for them to exist much longer. Their poor, but distracted, parents, finding they still survived, on the evening of the subsequent day, applied to me, as they said, merely for satisfaction, as they entertained no hopes of their recovery. The foregoing must suffice for a history of the situation in which I found them, as it would be impossible to paint their melancholy condition in colors sufficiently descriptive of their hapless condition—stretched on the bed of affliction; incapable of either speech or motion; countenance ghastly; eyes insensible; and mouth and tongue dark and parched, with furred lips. In addition to this, the elder was covered with petechiæ, which the next day were succeeded by large vesicles of serum, as if blisters had been applied all over the body. These vesicles subsided in about twenty-four hours, and, when amendment subsequently took place, the cuticle peeled off in large pieces, or, to use the poor woman's phrase, like a snake casting its skin. They were also, at this time, much affected with colliquative diarrhœa, screaming out occasionally from pain in the abdomen, then relapsing into their usual comatose state. It appeared of little use to order any thing internally, as they could scarcely swallow a tea-spoonful of any fluid at once, and, as I expected they would not be alive in the morning, I only blistered the back of their necks, and had their heads repeatedly washed with vinegar and water, as well as gave them a few drops of laudanum on sugar, with a view to still their

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bowels, then left them to the protection of Heaven. On visiting them next day, I was not, however, a little surprised to find them not only alive, but considerably revived, the blisters having drawn well, and the bowels being much more still. This favorable aspect encouraged me to farther attempts for their recovery, and I now began the calomel in one-grain powders twice a-day, gave them the acidulated mixture, with just sufficient tinct. opii to prevent its griping or laxative effects; had the rooms well ventilated, and their heads and extremities repeatedly sponged. By a perseverance in this plan for a few days, evident amendment took place, and the submuriate was lessened to one grain every other night, their bowels kept pretty regular with opium, and the mixture continued. From this time, they continued gradually to recover their speech and strength; and, in the course of a few weeks, I had the satisfaction to see them completely restored, by these simple means, to perfect health. In neither of these cases did the effect of the calomel appear on the mouth, owing, no doubt, to their youthful age, although they took more than twenty grains each in less than as many days. The other two brothers, who had the fever at the same time, were affected in a much milder manner, and required only a few doses of submuriate for their recovery. As soon as this family recovered, their next neighbour took the complaint; and here, the father and mother had the milder species of the fever, without any of their children being affected with it. In several other instances, which have lately occurred of this fever in the neighbourhood, this plan of treatment has generally been found sufficient to arrest the progress of the complaint; and I have not known any deaths from it for the last month or two, although it continues occasionally still to make its appearance here; and, from the manner in which it generally runs through the family, there can be but little doubt of its infectious nature.

Since writing the above, which I meant for your last Number, I perceive, both by the public papers, as well as your Journal, that a fever something similar has made its appearance in several other parts of the country: your readers will, no doubt, be much obliged to your numerous correspondents for some further authentic accounts of this complaint.

Ipswich; May 2, 1817.

For

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For the London Medical and Physical Journal.

Observations on Baron Larrey's Paper concerning the Reproduction of the Vitreous Humour;* by G. Beauchamp Knowles, Member of the Royal College of Surgeons in London.

HAVING noticed, in your Journal for March last, a case of wounded cornea followed by the loss of a portion of the vitreous humour, I beg leave to offer a few observations upon it, which I am induced to do chiefly because Baron Larrey not only seems to consider it an extraordinary instance of recovery, but also draws conclusions from it, which even its fortunate termination does not seem to warrant. I allude to the case of M. Dreux, whose wound, according to his own account, was instantly followed by the evacuation of a thick limpid liquor, and the flattening of the eye. He abandoned all idea of ever recovering the sight of his eye; but, to my great surprise, (says Baron Larrey,) the globe gradually resumed its primitive form and natural size;" and he then adds, "so that it cannot be doubted that the vitreous humour, of which a certain portion had really exuded, was regenerated; and this fact proves that Nature can regenerate it wholly, or, at least, in part."

I would here observe, that, though the eye is frequently reduced in size after such an accident, yet it is well known that such is not always the case; neither is it always followed by a deprivation of sight. In short, numerous well-authenticated cases prove the fact, that the sight may be preserved, notwithstanding a very large effusion of the vitreous humour; and of this I have seen frequent instances. Baron Wenzel, in his treatise on the Cataract, relates many cases where a portion of the vitreous humour escaped during the operation, without being followed by any ill consequences. In one case he says, "the loss of this humour, as nearly as I could judge, was equal to three-fourths of its whole quantity; and, though I had often seen considerable portions of it discharged without destroying the sight, yet, in this case, the quantity that escaped was so considerable, that I could not refrain from giving up the eye as entirely lost." At the end of three days, however, she distinguished every object she looked at. He admits that the eye was much reduced in size, and the pupil greatly dilated; but he concludes his account of the case by stating, that she after-

* See the case of M. Dreux, in our present vol. p. 215.

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wards enjoyed as good a sight as is ever experienced after the most successful operation.

With respect to the re-production of the vitreous humour in M. Dreux's case, and which Baron Larrey thinks "cannot be doubted," I must confess I entertain very strong doubts upon the subject. Let us for a moment reflect upon the structure of the vitreous humour, which I consider (though contrary to the opinion of some anatomists) to be contained in two transparent membranes or tunics, denominated Tunica hyaloidea externa et interna. The former envelops the whole of the vitreous humour, so called; the latter forms numerous delicate cellulæ, which communicate with each other, and are filled with a liquor not essentially different from the aqueous humour. Now, when a portion of such cellulæ is separated and expelled from the eye, is it reasonable, I would ask, to suppose that they are ever re-produced? Do we ever see parts re-produced in their original state of perfection? I believe, never; for, though it has been ascertained by experiment, that nature is able to regenerate the eye of a newt, or the claw of a lobster, yet I think I may venture to say, that we have no instance of the perfect re-production of a destroyed part in the human body. If a muscle be divided, it is united by a tendinous, and not by a muscular, substance. If a portion of cornea slough, nature may repair the breach, but the newly-formed part is never transparent. I am inclined to think, therefore, that the vitreous humour is never perfectly regenerated, but that its loss is supplied by the aqueous humour; and that the chance of the globe remaining diminished in bulk, or resuming its primitive size, will depend, partly upon the degree of consequent inflammation, and partly upon the rapidity with which the aqueous humour is secreted.

Birmingham; April 11, 1817.

For the London Medical and Physical Journal.

On the Influence of Climate in Pulmonary Consumption; by Thomas Sutton, M.D.

I AM not aware that I promised not to communicate any thing further on pulmonary consumption, that would interfere with Dr. Buxton's opinions. I certainly wished to discuss the subject, in any thing I might in future have to communicate, without any personal allusion to him. This I did, as I conceived, in my two last letters, published in the Medical and Physical Journal. I however, in fact, meant

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meant the last letter to be a postscript to the former, and to be published in the same Number of your Journal, which the dates of them will shew. The last, it seems, was mislaid, about which I never enquired, and for many months past I have entertained no expectation of seeing it published. Dr. Buxton, it appears, has thought that this letter required his animadversions, as offending against his opinions. But he may very readily see that I had very little anxiety to do this, having suffered the letter to remain unpublished upwards of a year; and I should certainly have never enquired the reason of its not being printed, although it never had appeared. It must not, however, be supposed, that I did not consider the returns, which are the foundation of the last paper, to be important documents;—but, as much had been said by me in support of the opinions I have maintained on consumption, I considered it not to be amiss to remain a little while quiet on the subject.

Dr. Buxton has, it seems, taken some pains, in his last letter, to shew that I have inferred the frequency of consumption in Malta "by a strange mode of proof." I am, however, quite content, that my inference can be very well supported at present. The doctor must also be well acquainted, that we do not agree about the actual causes of consumption so entirely as to be likely to go the same way to work in forming our conclusions.

I shall add very little further remark on Dr. Buxton's paper; but, as he has made some observations on one of the returns, I shall, sooner than I intended, take up the consideration of three documents of this kind, from three military stations, that I have been favoured with from Sir James M'Grigor.

The object of much of the discussion that has passed between Dr. Buxton and myself, has been, to ascertain the frequency of consumption in various parts of the world. In so far as the Mediterranean and West Indies are concerned, the returns I at present possess will throw great light on the question; and I think they may afford a good guide to infer, to what extent consumption exists elsewhere, in similar situations.

I have first to remark, that the sort of estimate we make of the frequency of this disease, in comparing it with the general mortality, is most fallacious and uncertain. A Table of these returns will immediately demonstrate this.

The Malta return includes only one year—the other returns include two years. In the Malta return, the number of troops are set down as varying every month. The highest number in any one month is 4204; the next lower

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number is 3800; and the lowest number in any one month is 2747. Setting down, therefore, 3500 as the number during the whole of the year, the exact average is considerably exceeded.

TABLE I.

	Year.	No. of Troops.	Total of Deaths.	Deaths by Consumption.
Malta	1814	3500	51	10
Gibraltar	1813	3810	441	17
	1814	4304	177	15
Jamaica	1813	4292	370	33
	1814	4197	314	38

In comparing the number of troops given above in Malta, with the number of deaths by consumption, with the second line of figures, in respect to the number of troops in Gibraltar, with the deaths also by consumption, it must immediately appear that the deaths by this disease in Malta are less than those in Gibraltar, and so on with the rest. But, if we take an estimate of the number of deaths by consumption, averaging them by the total number of deaths in each place, we shall find that they will be as one to five dying in consumption in Malta, and as one to twenty-six dying of consumption at Gibraltar, &c. It is, therefore, concluded, by our present method of estimate, that the greatest mortality in consumption must be in Malta, which, according to the Table, is evidently not the case. This sort of measure of the mortality of consumption is also adopted to shew its relative frequency, in various parts of the world, in comparison with Great Britain, where it is supposed to occasion the death of one in five.

Let us now make the supposition, that some grievous disease had attacked the inhabitants of this happy island, and had swept off 500,000 more of its inhabitants than usually die in one year. If we were to take such a period as this to form our estimate of the prevalence of consumption, it would come out in proof, that much fewer in proportion die of that disease than we at present estimate. Are we, then, to take this period as a proper time to arrive at the average prevalence of consumption? I may say, certainly not. If so, when we compare our average number of deaths by consumption with the general mortality, and allow the same comparison to be made with other countries, it is strange that it never has occurred to compare the general mortality in other countries with our own; for, unless we do so, our measure is quite vague and indeterminate. This has led us into constant error. It is not, therefore, arriving at the truth, by enquiring whether one in five, one in ten, or one in

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in twenty, die of consumption, in any particular country, in comparison with what happens of the same kind in our own, unless we first compare the average mortality of each country. Where this exists proportionably equal with our own, we shall be able to infer the relative mortality in consumption; but, under no other circumstances, by our present mode of estimate. For, although I doubt not that consumption is somewhat increased, by the great mortality that occurs in any certain country or station, yet it by no means follows the rule of increase or decrease in an equal proportion to the healthiness or unhealthiness of a place. When, therefore, the general mortality in different countries is different, the way to arrive at a proper conclusion, respecting the prevalence of consumption, is, by an estimate of the number of deaths by that disease in proportion to the number of inhabitants; or, where it can be arrived at, the proportion between the mortality in different countries, by bringing them to some common standard, and thence deducing the comparison.

I shall presently make use of the returns, to shew the relative prevalence of consumption in Malta, Gibraltar, and Jamaica, by the first-stated means, being acquainted with the number of subjects in each of these military stations: and, by way of comparison, I shall give a table of the results, by our usual mode of reckoning, respecting the prevalence of this disease, in the same places.

TABLE II.

	Year.	Total of Deaths.	Deaths by Consumption.	Average of Deaths by Consumption to the whole Mortality.
Malta	1814	51	10	One in 5
Gibraltar	1813	411	17	26
	1814	177	15	12 nearly
Jamaica	1813	370	33	11
	1814	314	38	9 nearly.

This table not only evidences the uncertain measure we have adopted to arrive at the relative mortality of consumption, by placing it at more or less, according to the total mortality; but actually shews Malta to be the greater sufferer by that disease, which, from an inspection of the first table, it evidently is not. The actual relative state of the prevalence of consumption in the three places noted, is according to the returns, as follows;

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TABLE III.

	Year.	No. of Troops.	Of these died of Consumption in one Year.	Number out of which one Person may be expected to die of Consumption yearly.
Malta	1814	3500	10	350
Gibraltar	1813	3810	17	206
	1814	4304	15	280
Jamaica	1813	4292	33	133
	1814	4197	38	110

Hence an evident result is obtained by the last Table of a very different kind to that afforded by founding the calculation on the existing general mortality of a place or country. In a confined circle, the plan adopted by the last table would be evidently the familiar method of enquiry. If we wish to ascertain the prevalence of consumption in a family, our chief objects would be to ask, how many died of the disease, and of how many the family consisted? We should not think it connected with this specific enquiry, to ascertain, for the sake of comparison, the number that died of other diseases. But, if we found the consumptive cases to exceed what generally happened in other families of a similar number, we should consider ourselves qualified to form our conclusions respecting the disposition to the disease, and its frequency in that particular family. This could not be so well done in a large and extended community. To obtain, therefore, some notion of the comparative frequency of consumption in various places, recourse has been had to a comparison of the fatal cases of this disease with the total mortality, never adverting to the circumstance that the former disease has no relative proportion of increase in various countries with the total deaths that occur among their inhabitants.

The usual mode of calculating consumption is even erroneous, when it appears to lead directly to similar results. For instance, according to the Malta return, one death in five has happened by consumption: hence it might be concluded, that the mortality in consumption in this country, bearing the same proportion, was equal to that of the same disease in Malta. But this may, nevertheless, not be the case. For, if it is proved that the total mortality in Malta is greater than as it occurs in England, and that the mortality by consumption bears the same proportion to the total deaths in each place, it must immediately appear evident, that the mortality by consumption in Malta must be greater than as it exists with us. This may readily be demonstrated by a measure that is already prepared for me. Sir Gilbert Blane,

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in his paper on the Health of the Navy, published in the Medico-Chirurgical Transactions, vol. vi. has endeavoured to ascertain the relative mortality in the service of our navy, and as it occurs in this country in civil life; and, after making very liberal allowances on the part of the latter mortality, so as to make it as high as he well could, he infers, that, of persons of the same general range of age with sailors, one in eighty dies in civil life annually. Now, the ages of soldiers and sailors are similar; therefore I may, without hesitation, assume his calculation, as applied to the army, in what I may afterwards have to advance on the subject of this inference. According to our estimate in this country, one in five dies of consumption; then, on multiplying eighty by five, we arrive at the number out of which one will die annually by consumption, out of those who are within the usual range of the age of soldiers and sailors; that is, of such as are from twenty to forty, which comprehends the great bulk of them,—and within these ages most of the consumptive may be included. The sum thus obtained will be 400. If, therefore, the same proportion of mortality by consumption* happen in Malta, among the soldiers,

* This may seem to be erroneously assumed, as one in five only dies of consumption, comparing the relative number of deaths by this disease as to frequency with the deaths of all ages. But I am now speaking of the military, and take Sir James M'Grigor's observation as a standard, who asserts that deaths by consumption among the troops in Great Britain amount to one in five of the deaths by other diseases. On a first consideration, we might have expected a different proportion; but, as this is stated as a matter of fact, collected from various observations, we must take it as such, and enquire how this is likely to happen. Though the military are of the general consumptive age, yet it must be remarked, that none of infirm health, or consumptive, are admitted to be soldiers; and it is to be observed, that a more than equal share of those who die of consumption are of the class of those who cannot be admitted into the army. Next it may be observed, that women are, upon the whole, more liable to consumption than men. These two causes appear to effect an equality between the whole of the deaths in civil life, compared with those by consumption, and such as happen among the military in this country, in the total, compared with the same. Had Dr. Buxton added these considerations to those which he thought weighed so much in his favour, to diminish the real frequency of consumption as stated in his last letter, against the evidence of the returns, together with the decided matter-of-fact statements of Sir James M'Grigor, he would,

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soldiers, then, by multiplying 400 by the number of deaths occurring in Malta by consumption in one year, we shall arrive at a knowledge of the number of persons included in that return, if the disease prevails in equal proportion there as it is acknowledged to exist here. That number would be 4000. In so far, therefore, as this number exceeds the amount of the returned military in Malta, (they being stated at 3500,) which it may be observed to do considerably, to such extent does consumption prevail more in Malta than in this country; that is to say, at least in the ratio of 40 for the latter, to 35 of the former, and, by multiplying each number by 10, bring the amount of each to 400, out of which one consumptive patient is expected, as stated, to die annually in this country; and 350, out of which one consumptive patient dies at Malta.

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would, with difficulty, have arrived at the conclusions which he is still willing to maintain.

Dr. Buxton, I find, also thinks that I have maintained my opinions, in opposition to his, "by separating particular passages, and by detaching them from their situation, given them a force which they do not possess." I really believe he thinks so; but, if the reader of this note can confide in my assertion, I will assure him, that I have not employed myself in any such inferior work. I have laid always more stress upon absolute facts in the writings I have alluded to, than on opinion, or on opinions, inferred from fact. I have, therefore, treated opinions with less importance than facts; and have paid little deference to one part of an author's book, and placed great stress on another. Whether I have taken the right way to arrive at truth on the subject, must be submitted to the judgment of others. Lastly, Dr. Buxton seems to consider it to be an offence, that I have opposed his opinions; but, as he has taken a prominent station in advocating opinions, which, though generally entertained, to the best of my judgment, I neither thought just or useful, he has hazarded the same opposition that others in a similar station might encounter. In so far as his opinions are just, they will have their due weight; opposition can only, in such a case, exalt their merit and that of their supporter, and the opposer gain nothing but discredit. If Dr. Buxton thinks himself in the happy situation of advocating indubitably useful opinions, founded upon a just consideration of all the circumstances connected with them, he ought to hail me as his best friend, and congratulate himself whenever he finds I take the trouble to draw him or his opinions on consumption before the public. Of this, however, he may be assured, that there is not a man existing against whom I can have less personal enmity than against him.—So far I thought it necessary to say in a note, that I might not interrupt the continuity of my present paper.

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It will be seen by the Gibraltar return, that consumption prevails there to a considerable extent. Yet Sir James M'Grigor has made a statement, in his paper on Diseases of the Army (inserted in the 6th volume of Medical and Chirurgical Transactions), calculated to produce a strong impression, that consumption is a very rare disease in Spain. The favourable opportunity he seemed to have possessed of making observations, and on apparently so large a scale, must have given considerable weight to them. But, it may be asked, how can this disease exist to a considerable degree in Gibraltar, and rarely occur in other parts of Spain? To solve this difficulty, we might be induced to investigate local circumstances; but this great discrepancy only exists in consequence of the mode of calculation. It is very true, that the inference must be such as Sir James M'Grigor has made, in comparison with the total number of deaths. But it is also true, that a state of active warfare very much augments the general mortality of those concerned in it. As, therefore, this augmented mortality must be an uncertain measure of the mortality of the same number of persons, under different circumstances, and in civil employs, so also it is an imperfect measure of the frequency of consumption, that neither becomes proportionally frequent with either an accidental increase of mortality, nor bears an equal ratio with the mortality produced by the causes of general sickness, or unhealthiness, existing in many countries or climates. But, when this statement of Sir James M'Grigor is placed on the footing of a comparison of the mortality in consumption with the number of persons comprehended in his statement, it will readily appear, that no such inference as has been drawn from it can be maintained. It will be evident that some of my information, to arrive at this conclusion, is imperfect; but it will, I trust, be found to be of such a character as to be competent to the intended object.

The number 400 has been before stated to be that out of which one individual, from 20 to 40, dies of consumption, in this country. If we, therefore, multiply this number by the number of individuals who have died of consumption in the Peninsular army, in so far as this product exceeds, or is equal, or falls short, of the number of individuals who composed that army,—to such extent did consumption prevail more, or equally, or less than it is supposed to do in Great Britain. Sir James M'Grigor has acquainted us that 279 persons died of consumption in all the British hospitals in Spain, during the period he comprehends in his account. This period is two years and a half, and will, by this calculation, make the average number of British troops during the

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the whole of it to amount to upwards of 44,000, supposing the deaths by consumption to be equal in frequency to what occurs in this country. But, in Sir James M'Grigor's tables are also placed more than one-fourth of the numbers that have been received into the different hospitals under the title of transferred, and are heard no more of, excepting of 4586 comprehended under that head, who were invalided and sent to England, as no longer fit for active service in the field, or for the recovery of their health. In one part of Sir James M'Grigor's report, we likewise find that consumptive cases were set down to be sent to England, "resting some hopes of benefit from a sea voyage," and, as I suppose, included in the 4586. Of these, if we assume that forty died of consumption, the whole force of British in the Peninsula, for the whole period of Sir James's superintendance of the army hospitals, must, by this calculation, amount to upwards of 50,000 men, which I am assured it did not; or consumption must prevail more in the Peninsular army than in Great Britain. Whether, however, my data are accurate or not, it must be very evident, that consumption prevails in Spain in a much greater degree than might be concluded from Sir James M'Grigor's report; and, on an exact view of all particulars, it may be found to exist in the same proportion as at Gibraltar.

Though the most accurate method of estimating the relative prevalence of consumption must be by comparing the number of deaths in each country by that disease, with the total number of the different inhabitants of each, yet this would be very troublesome to execute, and liable also to many errors, in large communities. From what has been said, therefore, an artificial means might be adopted, which would insure a tolerably near approximation to the truth. This may consist of the numbers that die annually in different countries under any of the ordinary circumstances of mortality, with the relative number of deaths annually by consumption in each, together with an estimate of the number of inhabitants from which one individual dies yearly in each country. Thus, for instance, if, in any one place, it should be found that one in nine, of the total mortality, dies of consumption, but that the mortality, in respect to the inhabitants, is 1 in 60, and we state the mortality of the inhabitants in our country, for the sake of hypothesis, at 1 in 90, then the mortality in such a country by consumption, in comparison with our own, would be as 6 to 5. Again, if the mortality should be found in any place at 80, that is to say, 1 in 80 dying annually, and the ratio of consumption to the general mortality shall be as 1 in 15, stating also the mortality,

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mortality, as above, in this country at 90, and the deaths by consumption as one in five, then it will be perceived to be equal in both countries, instead of the great disproportion which would be made to exist in the frequency of this disease, by the common mode of calculation, under such circumstances.

Such, then, must be the proceeding to obtain proper conclusions, by the general mortality respecting the comparative frequency of consumption in various countries; for a mere comparison of the general mortality, compared with the number dying of consumption, can seldom lead to accurate conclusions—and never, unless the total mortality shall be found equal in each of the countries that becomes the subject of the comparison. But the true and accurate mode is to compare the single disease of consumption with the whole of the population of each country, or with such a proportion of the population as may comparatively be supposed to represent the whole. Thus, in a district of 4000 inhabitants, if we ascertain the numbers that die of consumption annually among them, in comparison with the whole, we attain to the object sought for, which may be inferred to represent the mortality by this disease, through the adjoining communities, under similar circumstances. This will fairly serve us to compare with the mortality, by consumption, so acquired in any distant country. The invention I have spoken of, when the data can be fixed, may serve also as a substitute for this, keeping, however, always in mind, that the total mortality, in different countries, can very seldom be an accurate measure of the relative prevalence of consumption.

By attention to the above considerations, and the methods of proceeding pointed out, it will evidently appear, by the military returns in my possession, that more mortality exists in Malta and Gibraltar than in this country; and we may with every probability infer, that it exists generally on the Mediterranean shores, and countries adjoining, in the same proportion, as well as in climates similar or approximating to them. From similar evidence we may also perceive, that this disease prevails in a still greater proportion in the West Indies than in the countries just alluded to.

An enquiry respecting the relative mortality by consumption in various countries and climates, may certainly be viewed as a proper exercise of curiosity. But, if it had merely been confined to that object, it would probably not have gained my particular attention. This enquiry, conducted as it has hitherto been, has been made use of for much more important purposes, that of giving a material direction to the treatment of pulmonary consumption,

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grounded on a fallacious estimate of its frequency in various climates. A mode of treatment of consumption has, by this means, been supported, which is most seriously wrong in many particulars, and has rendered the disease, I am certain, comparatively much more fatal. This erroneous statement, however, has not only produced the disadvantages mentioned; but has laid the foundation for opinions, which are acted upon to foster and promote the disease in instances in which it might not have otherwise occurred.

With such conviction, I began the inquiry respecting the comparative mortality by this disorder in various countries, with few means to guide me, but promoting and seeking for information in every direction that occurred to me. That I have not been supplied with more ample information, is not my fault; but, of that which I possess, I have enough to point out the proper way of enquiry on this question (rendered highly important by the use that has been made of it), to solve much of the difficulties connected with it; and to demonstrate the existence of consumption in a much greater degree in countries heretofore said to be comparatively free from it, than as it is allowed to occur in Great Britain.

Croom's Hill, Greenwich;
May 12, 1817.

For the London Medical and Physical Journal.

[It has lately been much the custom to speak of Rheumatism in the Heart. To us, it has always appeared, that the more correct language would have been, Translation of Inflammation from the external Muscles to those of the Heart. The following paper shows, that this translation or sympathy is not always to a muscular part.—Ed.]

On the Effects of a Rheumatic Vice on the Fibrous and Osseous System. By Baron Larrey.

IF it be very difficult to explain the action of the causes of internal aneurisms, and those of the cessation of hæmorrhages, it is still more difficult to account for the disagreeable effects produced by rheumatism on the fibrous and osseous system, especially in subjects in whom nature had not terminated the process of ossification. Notwithstanding the obscurity of the steps of this disorder, and the variety of the symptoms, I am of opinion, that the rheumatic principle deprives, by its deleterious properties, the fibro-cartilaginous substance, and the osseous vessels, of their vitality. This substance loses its powers and its organic sensibility;

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sibility; the lymphatic vessels, (which are not accessible to the action of the morbid cause, from which they only appear to receive a sympathetic irritation,) absorb with a new force the molecules of these substances, become (if we may be allowed the expression) inert, and wear away or devour them by degrees; they thus operate a deperdition of substance in the solid bodies, and on the points surrounding the seat of the disorder; and a latent inflammation, accompanied with a kind of serous or purulent secretion which produces deposits by congestion. The residence of this heterogeneous fluid existing in the deteriorated part of the bone, where the ligamentary cartilages favor the progress of the caries, and extend the disorder profoundly; the progress of this internal caries and decomposition is the more rapid where the ossification has not yet been completed by nature. The absorbent system in young subjects acts with great energy, and the phosphate of lime readily abandons the bones, because they have not yet acquired the density necessary to resist the direct action of the virus, or the indirect one of the lymphatic vessels. The patients at the hospitals that we have attended in our practice, were all young men from eighteen to twenty. In some, the rheumatic affection determined improperly the caries of the osseous pieces of the orbicular articulations, or *ginglymoides*, rarely with a spontaneous luxation. In others, the caries of one or two of the vertebræ; and, in a few, the separation of the bones of the pelvis. We shall give examples of each.

This rheumatic virus fixes itself in such or such a part, according to a predisposition in these parts, or to concomitant causes which fix the morbid principle in this point. In every case, the progress of the disorder presents analogous phenomena, with some differences according to its seat, which Pott and the Memoirs of the Royal Academy of Surgery have amply detailed; in general, the disorder is mortal, when it is not properly attended to in time. I have obtained considerable success in applying remedies, but little used, with vigor and perseverance; and, I am persuaded, that if administered on the appearance of the first symptoms, the cure is easy and certain.

The mode of treatment I employ, is to excite the action of the parts affected so as to re-establish that of the weakened vessels, and to restore their proper and natural sensibility.

Cupping, if there be the least sign of local turgescence, Moxa, and the actual cautery, as a topic, have produced, in cases considered hopeless, the happiest effects. Mercurial frictions made as near as possible to the part, and at four or

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five days' intervals, have appeared to me greatly to contribute to the cure of the patient. I will suppose even that there does not exist any syphilitic vice. I have remarked, in general, that this remedy produces excellent effects in all the disorders improperly called lymphatic, if the patients be not already exhausted.

When the abscess has manifested itself on one of the superficial points, and corresponding with the purulent matter in the seat of the disorder, it may be attacked with success; when, after the use of internal and external remedies, this deposit rests in the same state, it is a sign that the progress of the caries is suspended. In this supposition, I plunge in its whole depth a pointed sharp steel instrument, heated to a white heat, and extract as much matter as possible by dry cupping, which embraces the whole tumor and the two orifices, I then pass a seton of the threads of old linen through the two orifices, and on it a compress steeped in camphorated oil of camomile, and a compressive bandage.

Contrary to the opinion of many surgeons, I endeavour to evacuate all the liquid in the first moments of the operation, and without bearing the effects of the air, which would be more injurious if the pus, retained in any quantity in the purulent space, received its impression, because it would rapidly decompose it, and infect the individual; while, on taking the precaution to evacuate it immediately, we prevent this inconvenience and danger. The application of moxa on the points corresponding with the caries, together with local mercurial frictions, and, internally, sudorifics combined with bitters, sometimes with bark. Some mercurial salts, which are administered with more advantage separately and in proper vehicles, are the remedies which I have found to succeed the best. I shall not insist, at length, on the properties of these medicaments, which have been already satisfactorily treated of by Dr. Salmade;* but, for my part, I regard topicals, or the means furnished by surgery, as the most efficacious in this disorder wherever it is susceptible of cure.

We may indulge this hope: 1st, when it is not in a very advanced state, and within the reach of the aid of art. 2d, When the patient is young and exempt from any other virus, as venereal or scrofulous. 3d, When the caries is not profound, and is distant from the internal organs.

It may be easily conceived, that, on the first appearance

* Precis d'observations pratiques sur les maladies de la lymphe ou affections scrofuleuses et rachetiques.

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of the symptoms, the disorder may be attacked with success; but, how shall we explain the success obtained, when a deposit is formed, and probably the caries has began? It is a problem difficult, and perhaps impossible, to solve. I shall, therefore, content myself with narrating faithfully such observations as have come under my notice.

One of the first examples was a young soldier of the Imperial Guard, who entered the hospital after our return from the campaign of Austerlitz, with all the symptoms of a spontaneous luxation, commencing in the left femur at the coxo-femoral articulation; such as acute local pain, want of motion in the limb, its length unnatural,* the trochanter salient, the pining of the extremity, and feverish affection. After some preparations, I administered the tonics and depuratives already mentioned in beverages and draughts, and I hastened to apply all round the articulation, cupping, then light blisters, and a sufficient number of moxas, the ulceration from the burns of which, I always prevent by the immediate application of ammonia.

The symptoms calmed by degrees, and at the ninth application of burning moxa had entirely disappeared; yet I continued the moxa, in order to be more certain of the cure, as well as mercurial frictions round the parts, which I have found to be highly useful.

Eleven subjects of the same age entered the same hospital in succession, afflicted with the same disorder, which had developed itself at the articulation of the thigh or the knee: five of them were nearly cured, they limped a little, and the limbs were shortened from one-third to two-thirds of an inch. In three others, the spontaneous luxation appeared to be established; that is to say, the signs indicated by authors to characterize this luxation existed; such as a sensible shortening of the member, the deviation of the foot or knee generally outwards, the elevation of the great trochanter, stiffness and difficulty in the motion of the thigh, and particularly the impossibility of bending it.

Is it the head of the femur intact which, really abandoning the cotyloid cavity, fixes itself on the edge of this cavity, equally intact? or, is it a waste or reduction of the head of this bone? or, in fine, an excavation more or less deep in the articular cavity, which produces the shortening and the deformity of the limb?—My observations lead me to

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* The translator witnessed a similar case now treating by Baron Larrey at the Hospital of the Royal Guard, the length of the leg was increased two inches.

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adopt the latter opinion, as that which agrees the best with the principles of sound physiology. Besides, I have never been able to verify, after the death of the persons who were supposed to have suffered this spontaneous luxation, the pretended displacing of the head of the femur, that authors announce by the choaking up, or successive thickening, of the cartilages of the cotyloid cavity, which expels by degrees the head of the humerus, till, at length, the luxation is complete. If these circumstances be ever met with, we may affirm, that the luxation has been accidental, that is to say, produced by a determinate external cause, which may be unknown, perhaps, even by the patient.

The diarthrosial cartilages are unsusceptible of any of the alterations proper to the organized parts, and, far from acquiring a greater thickness or larger size, they easily dissolve into little friable grains, more or less pulverulent, and are easily absorbed by the lymphatics, so as to entirely disappear, as I have regularly observed on opening the bodies of the patients who have died under this disorder in the articulation. This cartilaginous substance being no longer secreted by the osseous vessels of the extremities of the bones it meets with, its particles are disseminated, become decomposed, and disappear by the effect of absorption, which already reduces the length of the femur, and thereby shortened the member. The osseous vessels even flatten, acquire density, and become reduced, which tends still more to shorten the member; and all this may and does take place without any serious concomitants, as inflammation, suppuration, abscess, or hectic fever; we find, in fact, very frequently osseous articular pieces which had been attacked by the disorder long before, and entirely deprived of cartilages without their having been deprived of the motion proper to these articulations. I possess several pieces of this nature, and many more are to be found in anatomical cabinets; but a very interesting case, which I will relate, proves, that the cartilaginous substance may disappear, and be re-established, without producing any of those serious results which generally happen in disorders of the joints, when abandoned solely to the resources of nature.

In the anatomical cabinet of Vienna is a dissected thorax, in which was shown me the head of the right humerus, confined between the second and third of the true ribs, the whole of the orbicular mass being in the cavity of the breast. This singular transposition of the osseous extremity was the result of an accidental luxation, by the person, æt. 17, falling from his height on his elbow, the arm extended in a direction

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direction from the body; the head of the humerus, after having torn the capsula, was driven with violence in the hollow of the arm-pit under the pectoralis, in such a manner as to separate the two ribs and pass through the interval; the diameter of the sphere of the head of the humerus, having overcome the obstacle, penetrated entirely into the thoracic cavity, driving before it the corresponding portion of the pleura. Every effect to reduce this extraordinary luxation was in vain, dangerous symptoms manifested themselves, which bleeding, baths, and restoratives, at length overcame; but the arm remained separated from the body in the same state, to which the patient accustomed himself by degrees; After a few years of suffering, he was no longer incommoded by it, and lived with this infirmity to the age of thirty-one, when a complaint of a different nature carried him off. The physicians, wishing to know the precise nature of this infirmity, which they could only judge of imperfectly, opened the body, and were much surprised to find the head of the humerus in the breast, enveloped by the pleura, and firmly pressed by the two ribs, between which it had entered; they were still more astonished, when, instead of finding a hard spherical body covered with a cartilage, they discovered only an exceedingly soft membranous body, yielding to the slightest pressure of the finger.

The cartilage and the osseous tissue of all that portion of the humerus contained in the cavity of the breast, had entirely disappeared, the absorbents had decomposed it, and, like faithful guardians, had sought to destroy by degrees, as they would not expel in a mass, an enemy whose presence incommoded and was injurious to the regular operation of their functions. There remained nothing of the head of the humerus but these membranous rudiments, which even belonged in a great measure, in my opinion, to the pleura costalis. This example, in supporting my opinion of the nature of the morbid action in rheumatic disorders of the joints, shows the powers of nature in decomposition, which I am inclined to believe equally rich in those of regeneration and recomposition.

Paris; April 1817.

(To be continued.)

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For the London Medical and Physical Journal.

On the First Notice of a Re-union after entire Separation of Parts. By WILLIAM BALFOUR, M.D.

Suum cuique.

I CONCEIVE it to be a duty I owe to myself and to some other practitioners, to correct a statement which appears in the Number of your Journal for this month, under the head *Medical and Philosophical Intelligence*, which is to the purport, that "At a recent sitting of the Society of Medicine, M. L'Espagnal communicated a very singular fact,"—the accidental amputation and re-union of the last phalanx of a finger; and, that this is the only "well-authenticated" case of re-union being accomplished after complete separation. Now, I deny that M. L'Espagnal's case is either "singular," or so "well-authenticated," as some others that are recorded in your own Journal, and those at no distant date. George Pedie's, which was published by me in the Edin. Med. and Surg. Journal for Oct. 1814, and afterwards noticed in your Journal, is the first well-authenticated case, in ancient or modern times, of the complete re-union of a piece of animal matter, consisting of flesh and bone, after entire separation from the living body.* Any case of the kind previously recorded, rests on the authority of the individual who reported it, and, of course, was treated with universal discredit, ridicule, and contempt. Pedie's case, on the contrary, besides being more important in itself, from being on a larger scale than any thing of the kind that ever occurred before, is attested by three persons on oath, and was witnessed by between twenty and thirty of his fellow workmen, all of them disinterested persons. To me, therefore, belongs the honor of having decided the question of the practicability of reuniting parts entirely separated from the living body. This claim, indeed, no one has attempted to resist. On the contrary, I have received congratulations on the subject, from various parts of Scotland and England, from France, Switzerland, the East and West Indies. M. L'Espagnal, therefore, is indebted to me for the fact he communicated to the Society of Medicine of Paris. That this is the case, is rendered probable, at least, from the consideration, that Pedie's case is mentioned every season as the first well-authenticated fact of the kind, by all the teachers of anatomy and surgery in

* This is acknowledged in the Transactions of the Royal Institute of France for 1815.

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this school of medicine, to which there is an afflux of students from every quarter of the world; that it was recorded in every periodical publication, and the subject of conversation and of admiration among all ranks of people in the United Kingdom; that it was inserted in the Bibliotheque de Medecine Britannique, and, therefore, must quickly have become as universally known in France and in Switzerland as in Britain. Dr. Thomson, of London, gives the case of a servant girl in Switzerland, who accidentally cut a piece out of the fleshy part of one of her hands, and had it replaced by her mistress, a farmer's wife, with complete success.—This was done entirely on the faith of Pedie's case. "Such are the facts, (says Dr. Thomson,) respecting this curious and important subject, as far as I am acquainted with them. They seem amply sufficient to remove the scepticism of the most obstinate unbeliever; and, I have no doubt, that the practice will speedily become quite common. Dr. Balfour seems entitled to the whole merit of having called the attention of practitioners to this great process of nature, and to have demonstrated its practicability in the most satisfactory manner."—*Dr. Thomas Thomson's Annals of Philosophy, April* 1816.

M. Percy has reported Pedie's case, *textuellement*, and says, "J'avoue que je ne connaissais point d'examples bien averés de doigts rendu à la vie, et bien cicatrises après leur entière et complette séparation, lorsque, dernièrement, le journal où M. Balfour a consigné ceux qui lui sont propres, m'est tombé dans les mains."—*Dictionaire des Sciences Medicales, tome douzieme, au mot—Ente Animale.*

Having thus vindicated my claim "to the whole merit of having called the attention of practitioners to this great process of nature;" it remains I should do justice to those who quickly followed my example, and who, with that candour which is to be found in great minds only, frankly acknowledged their obligations to me for the brilliant success that attended their efforts.

Mr. Henry W. Bailey, surgeon, Thetford, Norfolk, communicated to me the case of a man who had suffered accidental amputation of the last phalanx of the middle finger, while supplying a chaff machine. The parts were separated nearly an hour and a half before being replaced, but complete re-union took place. This is surely "a very singular fact."

Mr. Thomas Hunter, surgeon, Port Glasgow, communicated to me the case of a man, who, with an axe, struck off his right thumb close by the root. Mr. Hunter replaced the

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amputated part with complete success, and the man recovered the use of his thumb, the motion of the joint excepted. These cases were published in the Edinb. Med. and Surg. Journal for July and October 1815, and subsequently noticed in the London Med. and Phys. Journal. The knowledge of these facts must, therefore, be co-extensive with the circulation of these Journals. With what consistency and truth, then, can any person come forward, at this time of day, and assert, that "numerous cases have recently been quoted in the various Medical Journals of Europe, of examples of uniting by a suture, and, in some cases, by the first intention; but in, we believe, all these cases, the part was not entirely cut off, but hung by a particle of the skin?"

Edinburgh; May 10, 1817.

[We are concerned Dr. Balfour should feel so sensibly an invasion of a property which can only exist in "other's breath." We conceived that, the same publicity being afforded to all the facts, the brilliancy of Dr. B.'s must for ever remind our readers of its priority; and, on that account only, thought it unnecessary to add any remark at the end of our correspondent's communication. —EDIT.]

COLLECTANEA MEDICA,

CONSISTING OF

ANECDOTES, FACTS, EXTRACTS, ILLUSTRATIONS, QUERIES, SUGGESTIONS, &c.

RELATING TO THE

History or the Art of Medicine, and the Auxiliary Sciences.

Quicquid agunt medici,
nostri farrago libelli.

Extract from a Journey through Egypt; by THOMAS LEGH, Esq. M. P.

THE following interesting account of the mephitic vapour of a cavern is taken from the above work.

"We were bent on going, and the Arabs at last undertook to be our guides for a reward of twenty-five piastres. After an hour's march in the desert, we arrived at the spot, which we found to be a pit or circular hole of ten feet in diameter, and about eighteen feet deep. We descended without difficulty, and the Arabs began

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to strip, and proposed to us to do the same: we partly followed their example, but kept on our trowsers and shirts. I had by me a brace of pocket pistols, which I concealed in my trowsers, to be prepared against any treacherous attempt of our guides. It was now decided that three of the four Arabs should go with us, while the other remained on the outside of the cavern. The Abyssinian merchant declined going any farther. The sailors remained also on the outside to take care of our clothes. We formed, therefore, a party of six; each was to be preceded by a guide—our torches were lighted—one of the Arabs led the way,—and I followed him.

"We crept for seven or eight yards through an opening at the bottom of the pit, which was partly choaked up with the drifted sand of the desert, and found ourselves in a large chamber about fifteen feet high.

"This was probably the place into which the Greek, Demetrius, had penetrated; and here we observed what he had described, the fragments of the mummies of crocodiles. We saw also great numbers of bats flying about, and hanging from the roof of the chamber. Whilst holding up my torch to examine the vault, I accidentally scorched one of them. I mention this trivial circumstance, because afterwards it gave occasion to a most ridiculous, though to us very important, discussion.* So far the story of the Greek was true, and it remained only to explore the galleries where the Arabs had formerly taken refuge, and where, without doubt, were deposited the mummies we were searching for. We had all of us torches, and our guides insisted upon our placing ourselves in such a way, that an Arab was before each of us. Though there appeared something mysterious in this order of march, we did not dispute with them, but proceeded. We now entered a low gallery, in which we continued for more than an hour, stooping or creeping as was necessary, and following its windings, till at last it opened into a large chamber, which, after some time, we recognized as the one we had first entered, and from which we had set out. Our conductors, however, denied that it was the same, but on our persisting in the assertion, agreed at last that it was, and confessed they had missed their way the first time, but if we would make another attempt they would undertake to conduct us to the mummies. Our curiosity was still unsatisfied; we had been wandering for more than an hour in low subterranean passages, and felt considerably fatigued by the irksomeness of the posture in which we had been obliged to move, and the heat of our torches in those narrow and low galleries. But the Arabs spoke so confidently of succeeding in this second trial, that we were induced once more to attend them. We found the opening of the chamber which we now approached guarded

* They were accused by the natives of raising fire by Magic.

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by a trench of unknown depth, and wide enough to require a good leap. The first Arab jumped the ditch, and we all followed him. The passage we entered was extremely small, and so low in some places as to oblige us to crawl flat on the ground, and almost always on our hands and knees. The intricacies of its windings resembled a labyrinth, and it terminated at length in a chamber much smaller than that which we had left, but, like it, containing nothing to satisfy our curiosity. Our search hitherto had been fruitless, but the mummies might not be far distant; another effort, and we might still be successful.

"The Arab whom I followed, and who led the way, now entered another gallery, and we all continued to move in the same manner as before, each preceded by a guide. We had not gone far before the heat became excessive;—for my own part I found my breathing extremely difficult, my head began to ache most violently, and I had a most distressing sensation of fulness about the heart.

"We felt we had gone too far, and yet were almost deprived of the power of returning. At this moment the torch of the first Arab went out: I was close to him, and saw him fall on his side; he uttered a groan—his legs were strongly convulsed, and I heard a rattling noise in his throat—he was dead. The Arab behind me, seeing the torch of his companion extinguished, and conceiving he had stumbled, past me, advanced to his assistance, and stooped. I observed him appear faint, totter, and fall in a moment—he also was dead. The third Arab came forward, and made an effort to approach the bodies, but stopped short. We looked at each other in silent horror. The danger increased every instant; our torches burnt faintly; our breathing became more difficult; our knees tottered under us, and we felt our strength nearly gone.

"There was no time to be lost—the American, Barthow, cried to us to 'take courage;' and we began to move back as fast as we could. We heard the remaining Arab shouting after us, calling us Caffres, imploring our assistance, and upbraiding us with deserting him. But we were obliged to leave him to his fate, expecting every moment to share it with him. The windings of the passages through which we had come increased the difficulty of our escape; we might take a wrong turn, and never reach the great chamber we had first entered. Even supposing we took the shortest road, it was but too probable our strength would fail us before we arrived. We had each of us separately, and unknown to one another, observed attentively the different shapes of the stones which projected into the galleries we had passed, so that each had an imperfect clue to the labyrinth we had now to retrace. We compared notes, and only on one occasion had a dispute, the American differing from my friend and myself: in this dilemma we were determined by the majority, and fortunately were right. Exhausted with fatigue and terror, we reached the edge of the deep

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deep trench which remained to be crossed before we got into the great chamber. Mustering all my strength, I leaped, and was followed by the American. Smelt stood on the brink, ready to drop with fatigue. He called to us 'for God's sake to help him over the fosse, or at least to stop, if only for five minutes, to allow him time to recover his strength.' It was impossible—to stay was death; and we could not resist the desire to push on and reach the open air. We encouraged him to summon all his force, and he cleared the trench. When we reached the open air it was one o'clock, and the heat in the sun about 160°. Our sailors, who were waiting for us, had luckily a *bardak** full of water, which they sprinkled upon us; but, though a little refreshed, it was not possible to climb the sides of the pit: they unfolded their turbans, and, slinging them round our bodies, drew us to the top."

Miscellaneous Hints concerning the Plague (from the same).

"There is something inexplicable, and that one might be disposed to call capricious, in the way in which the plague spreads itself from one country to another; and we had been particularly struck with the observation of the Greek who acted as English Consul at Scio. Though within a few hours sail of Smyrna, where numbers were dying daily of the plague, he had no fear of its approaching the island; and, during our stay of some days, we saw many Turks, who had come from that place, leap on shore without any interruption. But, added the Consul, should the plague declare itself at Alexandria, distant some hundred miles, we shall certainly have it at Scio. He spoke confidently, and quoted many instances within his own memory of the like coincidence.

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"To our great disappointment, however, we found, on our arrival at Old Cairo, that the plague had declared itself in that city; that all the Franks had shut themselves up; and that even the Pacha had removed to Gizeh, with which place he would allow no communication. So strict were his orders, that any boat attempting to pass on the western side of the Nile, and consequently near his residence, was fired upon. The other side of the river was so shallow as not to be navigable; there was, therefore, at this point a complete interruption of all intercourse between the Delta and Upper Egypt. The Pacha had also established a quarantine of ten days at Rosetta, and as this is the first instance with which I am acquainted of the use of precautions against the plague by a Turkish authority, it may be considered an important step towards civilization. It was from early habits that the Pacha had become familiar with the customs of European policy, and his active and enterprizing mind adopted its improvements without

"* The name of the jars, made at Kenne, of porous earth, and used to cool water."

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any regard to the prejudices and superstitions of his own Mahometan faith.*"

The following is the history of the author's residence during the plague at Rosetta, and of the process on his arrival in England.

"The house we occupied had double doors, and in the space between them we placed two very large jars filled with water, which was changed once in the 24 hours; and having provided ourselves also with a fumigating box, to receive all our letters, we hired an Arab for a piastre a day, to station himself every morning under our windows, receive our orders, and purchase our provisions.

"With respect to our bread, we took the precaution of never touching it till it was cool, as it is ascertained that in that state it does not communicate the plague. Even letters which have been fumigated must be allowed to cool before they are touched.

"Our meat, whether beef or fowls, the latter being previously plucked, was all thrown into the water jars, from which, after a certain interval, it was cautiously taken out by one of our servants, who opened the inner door for the purpose. In this manner we lived for several weeks, witnessing the most distressing sights of death and disease under our windows, from which we had frequent opportunities of observing attacks of the plague, as it first seized upon its unfortunate victims. As far as we could judge from their gestures, they appeared to suffer most violent pains in the head, and were at the same time seized with violent retchings, and black vomiting.

"We lost three of the Arabs, whom we had engaged to act as our purveyors in the town. When the mortality was at its height, the numbers who died daily amounted to about eighty.

"It was impossible, however, to include in our measures of safety the few English soldiers who were employed, together with about 50 Arabs, in looking after the horses piqueted in the camp without the town; but the judicious directions of their officers, and the ready obedience of the men in avoiding every occasion of touching either the native servants, several of whom died, or the horses of which they had the immediate care, saved them from any infection.

"The exemption of the British soldiers from the attacks of the disease is an additional instance in support of the opinion that the plague is only to be communicated by actual contact; for they were exposed to the same atmosphere, and to the action of the

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"* Owing to the measures adopted by the Pacha, the plague, which shewed itself in February at Alexandria, did not make its appearance in Cairo before the commencement of the hot weather. So much of its violence was abated at this period, that the greatest mortality we heard of in that city, where the population is estimated at nearly 400,000, did not exceed fifty a-day."

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same general causes, as the less fortunate natives who, like themselves, were employed in the care of the horses.

"At one time, more than 2000 of the population of Rosetta were said to be ill of the plague, of whom the greatest number did not confine themseves to their houses, but were seen walking about, to the great danger of the rest of the inhabitants. The Arabs and Turks, having no fear of the contagion, are in consequence always ready to lend every assistance to their sick friends; and it is perhaps partly to be attributed to this cause that a greater number of Mahometans recover than Europeans, the latter being generally deserted by their countrymen. The fearlessness of danger and humane attentions of the natives occasion, however, a great spreading of the contagion, to which the custom that prevails amongst them, for the nearest relation to wear the clothes of the deceased, in the last duties paid to his memory, does not a little contribute.

"We heard of no remedy for the plague: when the swellings broke, sea bathing was supposed to be very beneficial, but after that event the patients generally recovered without any remedy.

"We found the opinion that the disease ceases on the 24th June, St. John's day, prevalent among the Franks as well as the natives of the country.

"The Europeans settled at Cairo and Alexandria would not open their houses before that time, when they began to have cautious communication with their neighbours. This period, however, which had been so eagerly anticipated, and whose approach was hailed by the lighting of several bonfires in different parts of the town, did not, on this occasion, answer the general expectation, but on the contrary was marked by an unusual mortality, as the deaths on that day exceeded a hundred, a number considerably beyond the usual average.

"Much beneficial effect is also attributed to the *Nokta*, or rising of the Nile, which begins on the 18th June. Previous to this month the Kamsin, or Wind of the Desert, which commences generally on Easter Monday, and continues to blow for fifty days, together with the stagnant state of the waters of the Nile, are supposed to occasion the unhealthiness generally observed to prevail at that season. So confirmed is this idea, that the Arabs are in the habit of congratulating one another at the end of the Kamsin, on having escaped its baneful effects.

"The two or three months previous to the summer solstice are reputed so unhealthy, that the plague is said to exist in Cairo always during that period, at which time also the small-pox is very fatal.

"When the natives are seized with the first symptoms of the plague, they wrap themselves up in their cloaks, and endeavour to promote perspiration by drinking large quantities of warm water. In a short time, swellings break out in the groin and under the arms; and if they are alive thirty-six hours after the first seizure, they generally recover. We saw a Turk at Alexandria who

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who had suffered several attacks of the plague, and he informed us, that, as soon as he was able to move, he crawled to the sea side, in which he constantly bathed.

"Neither iron nor wood convey the infection, though money is supposed to do so, a circumstance, perhaps, to be attributed to the custom that prevails amongst the natives of carrying it in a small bag worn close to the skin. In this situation it is certainly more likely to imbibe the matter of contagion secreted on the surface of the body; but, whatever may be the cause, we always took the precaution to allow our money to remain in the water at least half an hour before we touched it.

"Such was the plan of life we adopted; and the success of our measures of precaution abundantly proves the utility and sufficiency of the usual quarantine regulations established in the countries of the Mediterranean, which are frequently visited by the calamities of the plague. But, on our return to England, it was impossible not to smile at the insufficiency, not to say absurdity, of the system adopted in this country. As we passed up the Channel, we were visited by the officers of the Board of Health; and one of them coming alongside our vessel, presented the Captain with a Bible, requesting him to swear to the truth of the answers he should make to his several questions. It was in vain we represented to him, that his taking the book again from our hands would be the surest means of communicating to him whatever infection we might ourselves be labouring under: he persisted in demanding our compliance with a form which could not be dispensed with, and added, with an air of triumph, that, in the discharge of his duty, he had himself been on board several plague ships, with impunity. On the same occasion, another officer produced a number of queries, to which the captain of our vessel was required to give written answers; and when told nothing was so infectious as paper, he contented himself with replying, that the orders of the Privy Council were peremptory, and must be obeyed."

We shall, at present, only express our surprise that an author, who gives a native Greek credit for such accuracy in tracing what he is disposed to call "inexplicably capricious in the way in which the plague spreads," should be so confident in admitting these various opinions concerning contact, hot and cold bread, &c. all of which we conceive the sagacious, or, at least, experienced Greek, would have smiled at as an English prejudice. That the Arabs died, cannot be a matter of surprise, when we consider that their occupation led them to every part of the town; and, perhaps, it will be found that the British soldiers escaped, not by avoiding contact with the horses, but because they were confined to a district without the town. As Mr. Legh is not a professional gentleman, we have treated his opinions with the less reserve; but it is truly surprising that no medical traveller has hitherto attempted to explain the cause of the various contradictory opinions on this important question.

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It may not be amiss, on this occasion, to add a few paragraphs from Dr. Russell's valuable Treatise on the Plague. By these we shall find that this industrious, honest, and we may add, for the most part, candid author is equally puzzled at "something inexplicably capricious in the manner in which the plague spreads;" yet equally backward in attending to the suggestions of experience which he might have derived from the best informed among the natives.

Account of the Plague in Cyprus, (from Dr. Russell.)

"The plague was brought to Cyprus in the month of April, 1759, and, its progress in that island having been attended by some remarkable circumstances, I shall here give the following extract from an account that now lies before me; on the fidelity and accuracy of which, I can venture to depend.

"In the month of April, 1759, a large Turkish vessel, laden at Alexandria, and bound for Constantinople, was wrecked in her passage, not far from Cape Baffo. Of the crew who were saved, a great part happened to be infected with the plague; which was first communicated to certain villages on the road to Limsol, and afterwards to that town itself.

"Some of the sailors died in the villages. The rest, after a short stay at Limsol, proceeded to Larnica; where they remained only a few days, till a vessel presented, in which they crossed over to Syria. None of them died at Larnica; though it was known that several actually had the plague.

"The contagion spread with such rapidity at Limsol, that, in the month of June, upwards of four hundred persons were reckoned to have died of it. Many of the inhabitants fled to the neighbouring villages, and to the mountains, transporting the contagion along with them. But, though the plague showed itself, now and then, in those parts where the fugitives had taken shelter, as well as in other inland villages which had intercourse with Limsol; yet it was only about Baffo, and near to Limsol, that it spread considerably.

"The condition of Larnica, at this period, was remarkable. It had received part of the infected crew from Limsol; it had maintained a constant intercourse with the infected quarters of the island; peasants and mule-drivers from those parts, with the pestilential sores on their bodies, were daily in the streets and markets; and some of them died in the houses of Larnica. On the 22d of May, a vessel arrived from Damietta, which put on shore some infected passengers and sailors, who lodged in the houses, and communicated freely with the natives. Another Turkish vessel, from the same place, arrived, some time after, with infected persons on board; one of which died on landing at the Marine. Notwithstanding this new importation, none of the inhabitants of Larnica were known to have contracted the plague. The Europeans, from whom many of the above circumstances were, at the time, carefully kept secret, observed no precautions

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for their own safety; while the natives consoled themselves with a traditionary notion, that a plague which did not begin in December was not to be dreaded.

"During the hot months of July, August, and September, little was heard of the plague; and it was generally supposed to be extinguished at Limsol as well as in the villages; but, the truth was, it had all along continued lurking in those parts, showing itself only by starts; particularly at Baffo, Piscopi, and other villages on the western and southern sides of the island.

"In the month of October, the plague increased in those parts, where it had appeared in the spring, and, soon after, broke out at Nicosia; to which place, the annual fair of St. Demetrio had drawn a great concourse of people from most parts of the island. The magistrates of Nicosia endeavoured, at first, to conceal the nature of the distemper, under the name of a malignant fever; and, in December, when eight or ten died daily, the dead bodies were buried privately in the night, in order to prevent the inhabitants being alarmed by frequent funerals. But, towards the end of the year, matters became too serious for stratagems of this kind; for the contagion, which had, for some time before, got among the Greeks and Armenians, was now arrived at such a height, as, on some days, to carry off fifteen Christians, which people, in number, bear a small proportion to the Mohammedans.

"In the beginning of February, the distemper appeared among the Turks at the Marine; and, soon after, at Larnica. The Europeans shut up. The daily burials soon increased to eight or ten; and, during February, never exceeded twenty. In the month of March, the disease would appear to have been more malignant than at first; for few or none of the infected recovered. The daily funerals arose to twenty-five and thirty; and many of the inhabitants fled to the mountains.

"The distemper continued to rage at Larnica all the month of April, and spread, at the same time, over the island, penetrating even into the province of Carpass, a circumstance not known to have ever happened before. At the Marine, the daily burials decreased, which was attributed to the flight of the wretched inhabitants, many of whom, like those of Larnica, abandoned their half desolate houses, and sought refuge in the country.

"In this month also died several of the Europeans at Larnica. In the family of the Neapolitan Consul, a French gentleman, who lodged in the house; two children; the Consul himself, and several servants; all died successively. The widow of a Neapolitan, who had lost her husband in the plague some time before, gave constant attendance on the Consul, as well as the others infected of that family, without any bad consequence. M. Lefebure, a French surgeon, who had been established many years at Cyprus, died about this time. He had caught the infection in the course of his attendance on a sick person; but could not be persuaded that he himself had got the plague, 'till a few hours before his death, when the buboes appeared. This gentleman was carefully

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attended by his partner, by a priest, and by two servants; of whom the priest only was infected, and he died within a few days after. The above instances may serve as an answer to an assertion, boldly hazarded and often repeated, that Europeans, in Turkey, are insusceptible of the plague.

"In the month of May, died the son-in-law of the Neapolitan Consul, and some other Europeans; among whom was the Superior of the Terra Santa Convent. As this Convent had shut up at the same time with the European merchants, and was supposed to have rigorously observed all the usual precautions, when the Superior was taken ill, the other fathers, having no suspicion the disorder could be the plague, communicated freely with him at the beginning of his sickness. When the certain marks of the plague were discovered, the fathers were much frightened, but all of them escaped the infection.

"While Larnica and Famagusta suffered severely from the plague, it was decreasing fast at Nicosia; in which city it was computed there had died near twenty thousand Turks, and between four or five thousand Greeks and Armenians,—a vast mortality, in proportion to its population.

"Towards the end of May, the plague was sensibly on the decrease at Larnica, as well as most parts of the island. It had almost ceased at Fermagusta, after having in a manner desolated the city; and, in the adjacent country, hardly left hands sufficient to gather in the harvest. In June, pestilential accidents continued to happen from time to time at Larnica; but the sick, in general, recovered. The heat of the weather was now considerably increased, though sometimes interrupted by cool showery days, on which persons sick in the plague were observed to suffer remarkably.

"Te Deum was sung by the French on the 3d of July. In the course of that month, all the Europeans came out from confinement; and the island was, at length, delivered from the plague, which, if the computation generally received was true, had destroyed seventy thousand of the inhabitants."

After this account, can we fail to doubt the necessity for, or efficacy of, quarantines, or the danger of "touching a book or a paper." The plague entered Limsol, though no more exposed, according to common opinion, than Larnica. It spread with great rapidity among the inhabitants, and among such as had occasion to resort thither; and, though these latter transported themselves and the supposed contagion to the mountains and neighbouring villages, and even to Larnica, yet they infected no one. When the plague arrived at Larnica, it spread without regarding any of the supposed means of infection, staid its own time, and ceased in its own way. The Europeans, who continued to walk about, do not appear to have suffered. In the Convent of Terra Santa, which was *shut up*, the Superior was taken ill; and, though he communicated freely with his brethren, infected no one.

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Nor does it appear that the natives are indifferent to their own safety. Probably they only adopt a more rational means of preservation. Instead of *shutting up*, and avoiding contact with hot bread and with unwashed money, they desert a pestilential spot,—"abandon their half-desolate houses, and seek refuge in the country."

The general apprehension entertained of a contagious fever, sporadic in different parts of England, particularly on the eastern side of the island; the late events at Nottingham and at Ipswich [*see page* 451 *of this Number*], induce us to transcribe part of the following paper.

It is certain, that ague is much less known than heretofore. It becomes us, therefore, to consider, whether fever in a new form is rising among us.

"*Some Observations concerning the Fever which prevailed at Cambridge during the Spring of* 1815. By J. Haviland, M.A. Licentiate in Medicine, Fellow of St. John's College, and Professor of Anatomy in the University of Cambridge.

"The winter of 1814 was mild, without any unusual degree of sickness; a few cases only of fever occurred, but they were not violent, and the patients recovered easily after a week or ten days' confinement. During the greater part of January 1815, I was absent from Cambridge; on my return at the end of that month, there was said to be a good deal of illness in the town, but still not enough to create alarm. In a week or two afterwards, a report prevailed that there was a bad fever in some of the colleges. About this time I was requested to visit a woman, who was a servant to one of those colleges which was supposed to be suffering the most. I saw her first on a Saturday, the fifth day of the disease, and she then complained of having been ill since the preceding Tuesday, but not to such a degree as to prevent her from following her usual employment, which she had now for the first time been obliged to give up. I could not learn that she had been exposed to any infection, nor could she at all account for her illness: the symptoms were, great prostration of strength, languor, and head-ache, loss of appetite, white tongue, frequent pulse, and rather full and costive bowels. She called my attention most particularly to the irritation and inconvenience she experienced from a prolapsus uteri, to which she had been long subject, but which by her account had been now increased by her efforts to overcome the costiveness.

My first object was to relieve the bowels by a purgative draught, and this was done effectually during the night. The next morning, the sixth day of her illness, I found her with an increase of febrile heat, the headache was aggravated with an appearance of approaching delirium; the other symptoms were nearly the same as on the preceding evening. On the next, or seventh day, the delirium was decisive, and of a very active kind;

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kind: she was continually endeavouring to get out of bed, and desirous of obtaining a knife to destroy herself, which she once attempted, and to prevent which two or three persons were constantly in attendance upon her: during the rest of her illness, she remained in the same state, almost without intermission, sometimes struggling violently, and almost always, when awake, talking loudly. On the following day, as this treatment had been ineffectual, I gave directions for a large blister to be applied to the head, and the whole body to be frequently sponged over with the same mixture of vinegar and water; this, at first, appeared to relieve her, by abating the heat of the skin, and was evidently grateful to her feelings, but it soon lost its effect, and I determined, on the tenth day of her illness, which was six days after I first saw her, on trying the cold affusion. Her pulse was then 120 in a minute, with active delirium; her skin was parched, and she complained of great heat and thirst: during the night before, she had escaped from her attendants, had run into the street, and after rolling herself in the kennel, returned of her own accord; when asked why she had done so, she said she had been looking for the river to cool herself. The affusion at first reduced her pulse from 120 beats to 108, she was more composed, and had some sleep. It was repeated several times during this and the following day, but the benefit arising from it gradually diminished. I saw her soon after it was last done, the morning of the twelfth day; her extremities were cold, her pulse was fluttering, and she appeared quite exhausted. I then thought it necessary to give some wine, but was soon obliged to discontinue it from the violent delirium it seemed to produce. The quantity she took at this time was inconsiderable, not altogether amounting to half a pint. The skin, however, did not recover its former morbid degree of heat. From this time till the day she died, which was the seventeenth of her illness, she was evidently getting worse, the pulse varied from 120 to 130 beats in the minute, the tongue was dry and brown, and the delirium unabated: during this period, and I had observed the same thing from the time of my first seeing her, though in a less degree, there was very considerable tremor and subsultus of the muscles, though the actual muscular debility, even to the last, was not so great as might have been expected. Within a very few hours of her death, I saw her standing unsupported in bed, whilst the attendants were shifting it, and she was then able to get out of bed with very trifling assistance. During the last thirty-six hours, she took wine freely. The bowels were constantly irregular, with a disposition to costiveness, but stools were procured at least once in twenty-four hours. I should mention, that, during the time the cold affusion was employed, little or no medicine was given internally, and that afterwards she took the camphor mixture with the compound spirit of ether. I have been thus particular in my account of this case, because it was the first I saw, and also the only fatal one. During my attendance on this woman, I was called to see a gentleman, who, together with general fever, had a violent and

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and acute pain in the right hypochondrium, with great tenderness, and a pulse full and strong. I bled him freely, at first from the arm, and afterwards by cupping and leeches; each of which gave considerable relief: the disease, however, went through its course of about three weeks, with many of its symptoms not unlike those which characterized the prevailing complaint; but, as there was some obscurity in the symptoms of this case, I shall forbear to relate it in detail.

"The next person, by whom I was consulted, was a student of that college in which the fever had been particularly fatal. The symptoms were nearly the same as those which I have described above, and the headache was not less strongly marked. As the cold affusion had afforded so little relief in the former case, after opening the bowels, and applying a blister to the nape of the neck, I determined, the third day of the disease, on trying the effect of leeches, three to each temple; an almost immediate alleviation of the pain and confusion of the head followed, with an abatement of the fever: the patient gradually became better, and in a little more than a week I discontinued my attendance.

"I was called to see another gentleman on the second day after the attack; and, after ordering an emetic, which operated also upon the bowels, the application of leeches to the temples had an equally good effect in preventing the headache, and removing the tendency to delirium, though the fever still went through its course, unattended by these particular symptoms. The remainder of my experience, in successive cases, began at a somewhat more advanced stage of the disease, and the whole may be generalised by the following observations.

"The attack was usually slow and insidious; for some days the patients walked about complaining of nothing but headache, and a deranged, which was commonly a costive, state of the bowels. The headache continued to increase, accompanied with great languor, until these symptoms compelled the sick to call for medical assistance, when I found the tongue to be white and thickly coated, and the pulse variable from 100 to 120; there was not always an increased heat of the surface, and in some cases, on the other hand, there was not merely a sensation of cold complained of by the patient himself, but it was sensible also to the feelings of others. I saw, indeed, no case in which there existed that dry and hot state of skin, which more immediately calls for the cold affusion, excepting that above related, and the success attending the practice in this instance was not such as to lead to its repetition. Cold affusion was accidentally tried in the case of a gentleman, who was recovering from the severity of his illness, and whom we had hoped to declare convalescent in a few days. He awoke early in the morning, hot, as he described it, but as I believe in a state of perspiration; and, fancying that the cold bath might be of service, persuaded his nurse, as a substitute for this, to throw cold water over his body: during the following day he relapsed, and suffered more from

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from the second than from the first attack; so that for some days his recovery was doubtful."

"Through the kindness of the medical gentlemen who attended, I had an opportunity of being present during the examination of the body of one gentleman, Mr. J. W., who had died of this disease, but whom I had not seen in the course of his illness. The examination took place twenty-three hours after death. The head was first opened, and in so doing the dura mater was cut through: there escaped a considerable quantity of a serous fluid, it was not easy to estimate the precise quantity, but it did not amount to less than four fluid-drachms. The substance of the brain was particularly firm, and showed, on being cut through, an unusual degree of vascularity. The ventricles were distended with serum. The abdominal viscera were of a healthy appearance, except that the bowels were much distended with flatus.

"It became a very interesting question to determine whether or not the fever was infectious: at first, I was disposed to think it was not, for I could not hear of any facts that favoured an opposite conclusion: latterly I have doubted if this opinion was correct, and the following circumstance confirms these doubts: A servant girl, who was ill, was consequently sent home, from a family in the town, to her friends, who lived at a cottage distant about ten miles from Cambridge, at Stretham Ferry; and her disease proved to be the fever, of which she recovered; nearly all the family became afterwards ill of the same complaint, of which the father died. I have since heard of other cases of a similar nature. But the fever certainly did not strongly partake of this character, for servants, nurses, and medical attendants, who were particularly exposed to the disease, did not suffer from it more than others. In the two larger colleges, only one case occurred within the walls of each. The proportion of cases that died of this disease was certainly great. It would be extremely difficult to ascertain the exact number of persons that were ill, nor would it be more easy to find out, in the number of deaths that occurred in the town of Cambridge, how many arose from this cause. In the university it was generally understood that nine persons had died of fever; and, from all I can collect, it would appear that the number of decided cases was less than fifty. Many others were indisposed, but not to a degree to excite any alarm, and readily got well with the use only of some evacuant medicines.

"It is remarkable, that this fever confined its attacks, with few exceptions, to young persons. In the town, the children were the chief sufferers, and many died, especially amongst the poor. In the university, it was the younger part only that was ill; of those who died the oldest was about twenty-five, and the others were from nineteen to twenty three years of age; I do not know a single member of the university above thirty years old who was ill of fever.

"As Cambridge has always, and with great justice, been considered as an extremely healthy town, I may be expected in this place

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place to say something about the cause of the late unhealthiness of the place: but, as this is a subject on which much difference of opinion exists, I shall avoid entering upon it for the present, and shall only observe, that I am disposed to attribute it, in great measure, to the state of the drains and ditches, which have been much neglected of late, whilst the population has greatly increased.* The cause, whatever it might be, was apparently local: for some time, the disease did not show itself in the neighbouring villages, and, when it did make its appearance, it was only in a partial manner; nor did those villages, whose situation is low, suffer more than others. I understood from a very respectable practitioner of Ely, which is situated only sixteen miles from Cambridge, and very much surrounded by fens, that that town and neighbourhood were remarkably free from fever, and that the only cases he had seen were in the family I have alluded to above, at Stretham *Ferry.*"

We have omitted much concerning the treatment, our principal object being to ascertain the rise and progress of the fever.

CRITICAL ANALYSIS

OF RECENT PUBLICATIONS,

IN THE

DIFFERENT BRANCHES OF PHYSIC, SURGERY, AND MEDICAL PHILOSOPHY.

A Statement of Circumstances connected with the Apothecaries' Act, and its Administration. By GEORGE MAN BURROWS, M.D. F.L.S. &c. 8vo.—Pp. 69. Callow, London.

THE progress of the sessions, the importance of the subject, and the manner in which the author of this statement has contrived to give it publicity to one class of readers, induce us to offer the following abstract of the question in addition to our customary sheets. It is not necessary that we should follow the author in an egotism of which, at last, he becomes sensible himself. It will be enough, if we state in as few words as possible the supposed imperfections of the Act, the consequent difficulties in fulfilling some of its intentions, and the *desiderata* still remaining before those important purposes can be accomplished.

The first eight pages are taken up with an historical account of the progress of the Association for rendering the

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"* Active measures are now taking to remove this cause of complaint."

practice

practice of the apothecary more respectable, the difficulties which presented themselves, and, lastly, the determination of the legislature to invest the intire control in the hands of the Society of Apothecaries, whose court of assistants have the power of appointing a board of examiners.

"The period (says Dr. B.) had now arrived when the members of the Court of Examiners were to be nominated. I received a summons to be sworn in as one of them. Report informed me of the names of some others; but I knew not who they all were until they assembled to take the oath of office before the Court of Assistants. They were all gentlemen who, I was confident, were fully fitted for the office; but there were two members of the Court of Assistants among them! The inauguration was altogether ominous. Some of the gentlemen who were summoned, were so little interested in the matter, that they did not know such an act was in existence, till they were desired to take upon them the office of examiner. They objected, that, having never seen the act, which, by the bye, ought certainly to have been sent with the summons, they did not know what they were called upon to undertake or be sworn to do. However, presently all were summoned before the court, and were ranged standing in a rank. The clerk read the oath, each kissed the book, and then walked out just as wise as he entered. Not a syllable was spoken, no explanation of the nature of the functions we were called upon to exercise, no civility, no compliment; in short, the most important occurrence that ever happened within those walls, passed as a trivial and ordinary affair!

"When withdrawn to another room to elect a chairman, &c. Mr. Simons, a member of the Court of Assistants, as well as of the new court, placed himself in the chair, pretty plainly indicating that that was his destined place. He was accordingly immediately and unanimously elected,—a compliment, I admit, which certainly was due to him, and could not have been dispensed with. He informed the court, that the Court of Assistants had been pleased to appoint Mr. Watson, his son-in-law, secretary to the Court of Examiners! To the gentleman nominated as secretary none could object; for one better fitted for the office, in every particular, could not have been selected; and I beg to observe, that his future conduct merited every praise."

We are next informed, that, finding no bye-laws prepared for regulating their own meetings, Dr. Burrows proposed, and succeeded, though not without some opposition, in procuring a committee of himself and two others, for drawing up a code.

The remuneration for the *examiners*, and for the company's clerk and beadle, was next fixed by the Court of *Assistants*. All this appeared derogatory to some of the examiners, especially as the notice was only given verbally by their chairman, who was also a member of the Court of

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Assistants. Dr. B. considering a verbal communication from a court which was to direct their proceedings as irregular and insufficient, procured a resolution, requesting that all future communications should be in writing.

It is not to be wondered, if on a subject so entirely new and untried, an act obtained under so many difficulties and disadvantages, should prove inadequate in some points. The first of these was a severe clause introduced, we are informed unintentionally, that no person should be admitted to examination who had not served an apprenticeship of five years. This, and some other imperfections, induced Dr. B. to make two motions to the following effect:

1st. That it has become manifest to this court, that, contrary to the intentions of the society, and prejudicial to the public, there are numerous errors and defects in the Act for the Regulation of the Practice of Apothecaries.

That a Memorial shall be presented to the Court of Assistants by this court, expressive of the preceding resolution; and that a committee of such persons as are most conversant with the provisions of the act, is requisite to revise the same.

The first only of these resolutions was past by the Court of Examiners.

A still greater difficulty followed, "Counsel had given an opinion, that no army or navy surgeon could practise as an apothecary in any part of England or Wales, unless he had been in practice as such prior to the 1st of August, 1815." As the court felt no disposition to attend to this and some other difficulties, Dr. B. thought it his duty to address the Court of Assistants, and, presuming they might be uninformed of the difficulties the examiners experienced, the following papers were sent to them.

"OBSERVATIONS ON THE APOTHECARIES' ACT.

"SECTION 3.—Excepting as far as regards the examination and destruction of bad drugs, this section is nugatory; because, although a penalty of £5 is imposed for the first offence, yet it cannot be recovered from the error in drawing up Section 26.

"SECTION 9.—The obligation for the examiners to meet once in every week is objectionable, and may often be attended with great inconveniencies. At any rate, there ought to be a discretionary power or latitude given, that the court should not be obliged to assemble, whether there is business or none.

"SECTION 12.—There should be power vested in the Court of Assistants to administer an oath to every secretary to the Court of Examiners; that office being one of great trust and confidence.

"SECTION 15.—The omission of a single sentence in this section renders the act retrospective, and therefore unjust; in the clause in the original bill, after the words 'that no person,' these followed

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lowed in a parenthesis ('except such as shall be actually bound by proper indentures or shall have commenced a course of medical education, at the time of passing this Act.') The restoration of this sentence, and referring the operation of it antecedent to August the 1st, 1815, would rectify this unfortunate and grievous oversight.

"As few youths, apprenticed to country apothecaries, have opportunities of acquiring a proper knowledge of the fundamental principles of their profession, the imposing of a term of five years is manifestly injudicious, and tends rather to prevent than facilitate their proficiency.

"Section 16.—To comply with the provisions of this section, an evasion of the letter of the Act must be practised, or the master, wardens, and Society must meet weekly; for otherwise, *their* clerk cannot signify *to them*, the notices of persons intending to qualify.

"As this is the only duty imposed by the Act on the clerk of the society, and may be wholly dispensed with, a trivial alteration of words would obviate the difficulty.

"Section 17.—This section is altogether nugatory, from the error in section 26, as is proved by the experience of six months since the passing of the Act.

"Section 18.—This also is nugatory until section 26 is corrected; nor could it be carried into effect if that section were *pro tempore*; because,

"1st, Monthly meetings of country examiners of assistants are enjoined, whether there is business to transact or none.

"2nd, No fund possessed or acquired under the Act, would be adequate to remunerate respectable practitioners of ten years standing, for acting as examiners.

"3rd, As there is no provision to induce them to act voluntarily, and nothing can compel them, such offices will never be executed.

"There is no mention in the Act of any person to whom country assistants are to apply, when desirous of examination. The 16th section refers to those, only intending to practise as *apothecaries*.

"Section 20.—The greatest presumed offence of which the Act takes cognizance, is, practising without examination and a certificate of competency; and yet the fine imposed is £20 only on persons so offending, while by section 5, the non-compounding of a physician's prescription, or unfaithfully compounding it, makes such offender liable to information before a magistrate, punishable by pecuniary fines equally large, and, moreover 'be rendered incapable in future of using or exercising the art and mystery of an apothecary!" Now this is inflicting for the minor a punishment infinitely heavier than for the major offence; contrary to sense and justice, and the custom of the English law. The degree of penalty in this section (20) should be regulated by the enormity of

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the offence committed. Either the penalties here are too trivial, or, in section 5, they are excessive.

"This section also imposes a penalty of £5 on every assistant acting without a certificate. But no penalty attaches to persons for employing them without this proof of their having conformed to the Act.

"SECTION 22.—No person is mentioned to whom a candidate should apply, who is desirous of re-examination.

"SECTION 26.—From the omission of two words this section, as far as regards the recovery of penalties or forfeitures of the sum of £5 or under, which particularly applies to assistants, is nugatory. The ninth line should have the words, in the parenthesis, added, 'and if such penalty or forfeit shall amount to *(or be)* less than,' &c.

"This defect actually makes void all penalties on assistants; and is probably one reason none have yet applied for examination for a certificate.

"SECTION 28.—It is generally conceived that this section does not prevent those who were druggists and chemists, before the passing of the Act, from prescribing and practising medicine. As that was most assuredly the intention of the legislature, all obscurity of the meaning of this section should be removed.

"If any information or action were brought by the society against any offender for practising as an apothecary without a certificate, it has been suggested by good authority that a question might arise of the meaning of practising '*as an apothecary*,' and what the real functions are of a person so denominated.

"Does practising, by visiting and prescribing for the sick without a licence from the College of Physicians, or the mere keeping of a shop for the dispensing of physician's prescriptions and the compounding of medicines, constitute a lawful apothecary?

"If this question cannot be answered positively, an amended Act should guard against such a question being ever raised, by reciting specifically, and defining what is the practice of an apothecary.

"There are several other errors, of lesser importance, perhaps, which cannot fail of presenting themselves to a committee of persons well conversant with the provisions and omissions of the act.

"*March 26th*, 1816. (Signed) G. M. BURROWS."

A letter follows containing many additional arguments for an application to Parliament to amend the Bill in all the above particulars, and in some others of less importance. No notice was taken of these papers by the Court of Assistants; but, in consequence of a memorial from the army and navy surgeons, Lord Palmerstone was preparing an Act to relieve those gentlemen from the necessity of examination by the Society of Apothecaries.

We come now to what, in our opinion, is the most important part of the whole.

"In

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"In the course (says our author) of the first ten months of the labours of the Court of Examiners, they had seen, with great regret, the deficiencies of the candidates who offered for examination; that many had consequently been rejected; and that others, who had passed, were by no means so perfect as could be desired, especially in chemistry, pharmacy, and materia medica. Nothing is more imperative than that every one who prescribes remedies for diseases should be acquainted with them when unsophisticated and in their natural state, as well as with their qualities, doses, &c. Candidates were perpetually pleading, as an excuse for ignorance, that, in the shops where they had served, all chemical preparations, tinctures, compounds, &c. were purchased ready prepared; and that drugs, such as bark, rhubarb, &c. were always in the form of powder. Many other important defects evidently existed in the elementary part of their medical education. The Court, sensible of this, drew up and published some very judicious regulations as to the nature of, and the testimonies of education which they expected from students before they presented themselves for examination. But, aware of the physical impediments which prevented young men from acquiring, while apprenticed in the country, proficiency in this elementary knowledge; and that when they came to London they thought these studies of such inferior consequence, that they seldom paid them any attention; I entertained a belief, that, if a degree of emulation could be excited among the students, the study of medicine, chemistry, pharmacy, and materia medica, might be equally and as ardently cultivated as anatomy and surgery,—to which, almost exclusively, the majority devoted themselves.

"The desultory mode of education pursued in the London medical school is, for many reasons, objectionable; but chiefly because talents are never fairly brought into collision; consequently, emulation is never excited. Hence, too, extraordinary merit meets with little notice beyond the insulated limits of a single hospital, and is long before it receives its just reward from public patronage.

"I had before delivered my opinions very fully on this subject, in the review of Cross's Sketches of the Medical Schools of Paris, in the Medical Repository.

"I knew it was impossible for the Court of Examiners, which was not the executive body of the Society of Apothecaries, to carry any extended plan into practice; but I felt that, as a constituted body, it could, at a trifling pecuniary sacrifice, set an example that would confer everlasting honour upon its public character, and a most essential service both upon the public and the profession. I therefore had arranged a few outlines, which, as the first year of the services of the Court of Examiners was near expiring, and the same members might not be re-appointed, it was a fit time to propose. On June 13th, therefore, I submitted an introductory motion—

"Prefaced by a few general remarks, stating, that, as the examination

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examination embraced physiology, the practice of medicine, chemistry, pharmacy, materia medica, and was also to include botany, that, if a prize were offered annually for an essay on one of these subjects in rotation, that each would be treated once in every five or six years; and thus time would be allowed between every essay for new facts and discoveries being developed and collected, which would always afford fresh matter to the prize subject, whenever it revolved. And, if it were thought this proposal would be objected to by the Court of Assistants, as there were twelve Examiners, a subscription of a few guineas each would furnish a prize of sufficient value to excite attention and competition; and establish a precedent worthy the example of their successors."

Without inquiring what is meant by *physical impediments*, the above passage is enough to show how much more easy it is to condemn than to amend. That the candidates should be found deficient in many points, can never be a matter of wonder when we consider what is expected of men at the age of twenty-one years. Let us ask which of those who have passed the most brilliant ordeal at either of the Royal Colleges in London, would be equal to examinations, in a single day, on physiology, the practice of medicine, chemistry, pharmacy, materia medica, including botany. If it should be urged that these examinations are not severe, some would suspect them to be useless. It should be remembered that the Court contains its own professor of botany, its members of the Committee of their own elaboratory, several members of the College of Surgeons, and gentlemen of such experience in a practical art, as must render their opinions authoritative to the youths submitted to their examination:—How fit soever such men may be to form a Court of Examiners, may not this very fitness increase the difficulties of the examined?

To remedy these inconveniences, Dr. B. proposes schools of emulation and prizes, in imitation of the French. These are most unfortunate suggestions. Whatever superiority that nation may claim in the manual part of practical surgery, do they not crowd to the British schools for instruction in medicine? Do we not see enough of schools of emulation in the Medical Societies of the London and Edinburgh students, where the principal object seems too often the embarrassment of the most modest, though not always the least informed. Still less are we disposed to encourage the distribution of prizes. Men who are expected to be well-informed on so many points, could only incur a certain loss of time by devoting it to the only subjects for which prizes could be instituted. They would not, surely, propose the practice of physic as a prize to youths of this age; and, in becoming complete botanists, chemists, or even

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even physiologists, is there not great danger of their undervaluing pathology, the sole purpose of all their studies, if intended to render them skilful practitioners? We are, therefore, much less surprised than the author that these propositions were negatived, and even that they had not the support of half the Court.

From this time we learn nothing but of the discordant sentiments of the author and his colleagues, till we arrive at the event noticed some time past by a letter in our Journal for January last.* The reader will recollect, that, on the insertion of this letter, we never gave it as genuine. We could not conceive it possible that such a document could, by any accident, come before the public. Yet, as the case was one which might happen, and even produce a difference of opinion on the construction of the act, we thought it our duty not to withhold this or any other information on so important a question. We shall now transcribe all that we can collect from this tract concerning the manner in which that paper came before the public.—The author, finding no notice taken of his Letter by the Court of Assistants, addressed the Master personally. That gentleman's situation was somewhat delicate, as he was also Chairman of the Committee, and bound by his oath, as Master of the Company, not to reveal the secrets of the Court.

"I now felt assured (says Dr. B.) that no notice would be taken of my letter of Oct. 3d. Having waited till December, I was almost resolved to lay the whole transaction before the public, but from this I was dissuaded; it being urged that it was very possible that the Court of Assistants had been so much occupied with other business that they might not have had time to enter upon the subject; and that, as there would be another Court at the latter end of that month, it would be prudent to wait the event of it. To this advice I gave assent. When, on the 1st of January, I found I was completely anticipated; for my letter appeared in the Medical and Physical Journal, and in the Medico-Chirurgical Journal. The Editors added, that it was anonymously sent; and yet, in each Journal it is differently inserted. I suspended my intention of publishing to see what would be the result. A considerable sensation was evinced by those who felt themselves exposed to censure by the publication. The Court of Examiners took no notice of it; but, nevertheless, great inquiries were made to discover the publisher. I found that I was suspected; but that little concerned me. I frankly answered all my private friends who spoke to me on the subject, and contemned the idea of its being imputed particularly to me, when there were so many other channels through which it might have become public."

* See page 78 of this vol.

We

We confess we should have been better pleased with a positive answer from the author, that it was published without his knowledge or consent, and that he still remained ignorant of the manner in which it had found its way into our Journal. For ourselves, we assert, on the responsibility of our Editor, that we are ignorant of the channel by which it reached us, or why it was withheld from his (Dr. Burrows's) own Journal, and published differently in two others. It cannot be wondered if Dr. B. was afterwards summoned to appear before the Court, in order to account for the manner in which the letter had been made public. An account of the inquiry before the Court follows, which can only amuse those who delight in seeing the awkward situation in which the best-intentioned men are sometimes placed; for who could expect the publication of such a document, and who could fail, when it appeared, to suspect the source from which it might come? To conclude this part of our subject, we cannot help remarking, that the *ex-parte* publication of this conversation and of the first meeting of the Court of Examiners, argues less attention to delicacy than even the publication of the document in dispute. The conversations are authenticated in part: the document might have passed for a mere contingent case, pointing out one of the imperfections in the Bill.

Such is the history of this dispute on a subject of such high importance to the health of almost every British subject. That the Bill is imperfect, cannot be questioned; but that it might have been amended by a disposition to accommodation in those to whom its execution was committed, we can hardly doubt. What the issue of it may now be, we know not; but we recommend to all parties a sentence we remember to have read in the Hall at Blackfriars. As it is blazoned on glass, we presume it was preserved from the ruins of the great fire; and we trust no one will dispute how worthy it is of the care with which it has been restored.

"Concordiâ parvæ res crescunt; discordiâ magna dilabuntur."

Medico-Chirurgical Transactions, published by the Medical and Chirurgical Society of London. Vol. VII. Part II.—Longman and Co. 1816.

(Continued from p. 337.)

Observations and Cases relating to the Operation for Artificial Pupil; in a Letter from Mr. Maunoir of Geneva, to Professor Scarpa of Pavia, with the Professor's Answer. Communicated by Dr. MARCET.

OUR Journal has already been the means of offering to the world M. Maunoir's opinions concerning an operation on

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this most delicate part of the delicate organ of vision.* The present paper contains two cases, we doubt not faithfully related; but, as in the long course of our practice, we have never engaged in such an operation, we shall only complete our former paper by extracting Scarpa's general summary of the improvements of others, and those suggested by himself.

"Every lover of the science (says the learned professor,) cannot but feel interested in the narration of the difficulty which attended this operation, as well as that performed on Mrs. Saillard, on account of the opake crystalline, which in both cases adhered to the lower circumference of the iris, and the edge of the closed pupil. This has given me occasion to make some reflections on the subject, which I take the liberty of communicating to you with my usual freedom.

"The detail of both the operations in the above-mentioned cases, exposes a certain degree of difficulty and uncertainty in the proceeding, which I should wish to see removed or corrected; and I have great hopes that you will be able to attain this desirable object.

"In the first place, I am of opinion that it is not necessary to be scrupulous whether the crystalline be partly or entirely opake, whenever the capsule is opake, and adheres to the iris behind the edge of the interior and inclosed pupil. In this case, only one remedy can be pointed out, namely, the removal of the opake adherent capsule, and consequently of the crystalline, whether it be transparent or opake.—In the second place, I think there is no reason to doubt that, in similar cases, it is advisable to make an incision upon the iris proportioned to the size of the body to be extracted, rather than to make it small, which obliges the operator to divide the crystalline and the capsule, with the intention of extracting a part, and of abandoning the rest to the powers of absorption.—Thirdly, I would establish as a fundamental principle in similar cases, that after the complete extraction of the crystalline with its opake capsule, by means of the least possible introduction of instruments, the artificial pupil ought not to be too near the incision in the cornea, and, consequently, not too near the cicatrix occasioned by it.

"The causes of the obstacles, to which you were exposed in the two cases above-mentioned, may, I think, be perceived from a consideration of the principles I have just stated. In both, the incision in the iris was too small in proportion to the size of the body to be extracted; and in both, the position of the artificial pupil was very

* See in our XVIIth Vol. p. 403, two Memoirs on the Organisation of the Iris, and on Artificial Pupils; by Mr. T. P. Maunoir, Surgeon of Geneva. Translated by Mr. Thomas Young, of London, with engravings.

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disadvantageous; that is to say, on the side of the temple and close to the incision in the cornea.

"After reflecting attentively upon this situation of the artificial pupil, and upon the obstacles which it presents to the operator, it appears to me, if I am not greatly deceived, that a method of operation compounded of that of Wenzel, and of your own, would perfectly answer the desired end. Wenzel, as you are aware, made an incision upon the cornea and the iris with a single stroke of his instrument, taking care that this transverse incision should pass through or underneath the centre of the inclosed pupil. He then took off, by means of the scissors, a portion of the edge of the iris, for the double purpose of extracting with facility the opake crystalline with its capsule, and of leaving a permanent artificial pupil of sufficient size. In the method which I would suggest, after having made, in the manner of Wenzel, a transverse incision in the iris and in the cornea, I would introduce your scissors, blunted at both points, into the anterior chamber of the aqueous humor, with which I would make an incision in the iris, diverging from the cut made by the knife, so that your usual triangular edge might be the result, having a curvilinear side. This aperture, which requires only a single stroke of the scissors, will be, I think, sufficiently large to allow easy egress to the crystalline and the capsule; and this so much the more easily, in proportion as the point of adherence of the capsule to the iris, is comprehended either entirely, or in a great measure, within the two incisions. By this means the facility of making the crystalline and the capsule pass obliquely out from the iris will be increased, on account of the enlarged space that will result from the cut with the scissors diverging from that made by the knife; and I should prefer this incision with the knife to the puncture made by you in the iris of Saillard, to afford a passage to the blade of the scissors. Besides this, the direction and the situation of the triangular edge of the iris will be calculated to leave a pupil not only permanent, and sufficiently large, but also placed opposite to the cut in the cornea, and accordingly more convenient for the purposes of vision; especially if it fall upon the side of the iris nearest the nose, which ought, if possible, always to be the case.

"I have thus briefly given you my opinion on this subject. You will recollect that you permitted me to make objections and suggestions. I have done so; and it now belongs to you in the course of your practice to make trial of the method I propose, and either to confirm or reject it, or, which will not be difficult to you, to suggest some new and more practicable expedient. It is certain that this complicated case of the pupil, that is to say, where the crystalline is found opake, together with the capsule adhering to the iris, requires an exertion of genius and skill, united to a more perfect method of operation, than that which has been hitherto practised. Your researches have already been so numerous and so successful in this branch of our profession, that we have a right to

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to expect you to proceed in the completion of your work. Till within a very few years, our knowledge respecting the artificial pupil, and the method of conducting the operation, was involved in great obscurity, and practice was sometimes even in opposition to the known anatomy of the eye. It is by solid and fixed principles alone that we ought to be guided in all that variety of complicated cases, which frequently accompany and aggravate the inclosed pupil. In estimating the extent of the services which you have already rendered to the profession, I run no risk of error in enumerating the following facts as the results of your most useful researches.

"1. That no instrument is so proper as the scissors for making an incision in the iris.

"2. That to do this, when there is no complication resulting from a cataract, a very small incision in the cornea is sufficient, about half the size of that which is made for the extraction of the crystalline,—a fact which on many accounts is of the highest importance.

"3. That the formation of a triangular edge in the iris by means of a double incision with the scissors, is the most easy and least painful of all the methods hitherto proposed for obtaining a permanent artificial pupil.

"4. That the spots of the cornea present no obstacle, because it is possible to produce the artificial pupil in that part of the cornea remaining transparent, in the quarter opposite to that in which the incision is made,—a fact of the greatest importance.

"5. That it is possible to obtain the artificial pupil without injury to the crystalline or its capsule, whenever these parts are preserved transparent, in spite of complete confusion in the iris.

"If to these advantages, which your method of operation possesses over all those hitherto practised, you are able to add that of rendering as little laborious as possible the manner of making the artificial pupil, in those cases where it is necessary to remove at the same time the crystalline and its opake capsule adherent to the lower surface of the iris, you will fulfil not only all my wishes, but those of all who are interested in the cause of humanity, and in the progress of science. The state of my health does not permit me to follow you in this useful career, and leaves me only the power of witnessing and of applauding your success. I have much pleasure in informing you that your scissors have begun to be used here, and Signor Morigi, my successor in the chair of surgery, has lately availed himself of them with great success in an operation for the artificial pupil. He is a man of considerable ability, whom you will find mentioned with deserved praise in several places of my work.

"I have the honor to be your most sincere friend and humble servant,

"A. Scarpa."

As it is well known, that Professor Scarpa has been for many years the consulting surgeon of all Italy, at one time the first anatomical school in the world; as we had practical proofs of his candor and diligence during his residence in

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London between thirty and forty years past; and, as in the whole of his letter, he offers no *practical* remarks from his own experience, we are the less scrupulous in acknowledging, as before, our entire ignorance of the success of the operation here proposed.

Case of a Wound of the Peroneal Artery, successfully treated by Ligature. By GEORGE JAMES GUTHRIE, Esq.

Not only the situation of the artery, but the quantity of extravasated blood, and the slough always induced by the passage of the ball, rendered this operation extremely complicated; and its happy issue does credit to the author of the paper.

Case of a Gun-shot Wound and Fracture of the Tibia, in which a Seton was successfully employed in promoting a Cure. By JOHN BOGOLE, Esq. Surgeon to the Forces.

"Insulated cases often become extremely valuable in establishing general doctrines, or in illustrating practical rules in medicine; for, by supplying one link in the chain, they enable a series of facts to be classed together, with which no connexion had previously been established. On this account, the following case may not be considered unworthy of being read before the Society; for, although the use of a seton in this instance could have afforded no probable grounds for suggesting the practice as a general one in ununited fractures, yet it shews the utility of it under particular circumstances, and may illustrate some of the facts and observations which have been made on the subject by Mr. Wardrop, in the fifth volume of the Transactions of this Society."

An Account of a new Method of Operating for the Cure of external Aneurism, with some Observations and Experiments illustrative of the Effects of the different Methods of procuring the obliteration of Arteries. By PHILIP CRAMPTON, Esq. F. R. S. Surgeon-General to the Army and Forces in Ireland.

This is a most important paper, written with much candour, and involving so many questions, that we shall make no apology for the space we may occupy in our remarks. The author begins, according to the custom of most writers, with hinting (to do him justice very briefly) at Petit, Pouteau, and Kirkland. He then carries us on to Dr. Jones, whose labours have occupied so much of our Journal.*

* See vol. xv. page 463, and vol. xvi. page 87 (in the latter, at line 24, for *twice* read *of twine*). If the reader wishes to understand either Mr. Crampton or us, we must intreat his refreshing his memory with a perusal of the above article, unless he is master of Dr. Jones's opinions.

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After a candid examination of that gentleman's book, he concludes, "that analogy between brutes and man is uncertain, and that

"1. It may be stated in general, that the adhesive process is more quickly and certainly executed in all the parts of quadrupeds (with the exception of the skin) than in man.

"2. In quadrupeds, wounds of the arteries in particular are so prone to unite, that no experimentalist has hitherto succeeded in producing an aneurism in this class of animals; the wounds of the arteries which have been inflicted with this view, healing like wounds made in any other part of the body.

"3. The arteries of quadrupeds are not liable to that peculiar change of structure from disease which predisposes to aneurism, and which, among other causes, renders the operation of the ligature so uncertain in its effect upon the arteries of man."

Aneurism Mr. Crampton considers a disease peculiar to man; and that, however successful the operation proposed by Dr. Jones may be in brutes, it is far from being invariably so in man. This is imputed to a difference in the structure of arteries in the two orders of beings. We are not aware that this difference has been ascertained by any accurate examination of the structure of each. It is also certain, that many experiments on the intestines have been made successfully in dogs, which have proved fatal in men; yet no one conceives any difference between the structure of the two. However, it is always proper to keep in view an observation of Mr. Hunter, that the usual pulse of a horse is about half as frequent as that of a man;* so that, the force by which the artery is dilated not returning so quickly, the recovery of the arterial figure may not be compleated by the next pulsation. At the same time we should reflect, that many other experiments may be made in brutes which it is not safe to attempt in men.

Mr. C. next proceeds to shew, from a variety of observations and experiments on the arteries of man, as well as of other animals,—

"1. That the obliteration of an artery can very certainly be effected, independently of the rupture or division of any of its coats.

"2. That this operation of the ligature, so far from being essential to the process, not unfrequently defeats it.

"Numerous instances are on record of arteries being obliterated by the pressure of tumours. The subclavian and carotid have

* Treatise on the Blood, p. 151.

been

been found obliterated by the pressure of an aneurism of the arch of the aorta.*

"In Mr. Freer's experiments, the pressure of a tourniquet for four days was sufficient to effect the obliteration of the radial artery in horses.†

"Mr. Hunter observed, that in dogs the mere exposure of the tibial artery to the air for about an hour, excited such a degree of inflammation and thickening of its coats, as completely to obstruct the canal.‡

"All the great arteries, the aorta inclusive, have been found obliterated in consequence of the effusion of lymph from their internal coat, and this independant of any injury which could produce the rupture of that membrane.

"The cure of aneurism by compression (whether mediate or immediate) affords an example of the obliteration of an artery, independant of any rupture of its internal coats.

"The following experiments, selected from a great number which were performed upon the arteries of horses and sheep, will be sufficient to prove, that, in quadrupeds, the obliteration of an artery can be as certainly effected without any perceptible injury being inflicted on its internal coat, as when that membrane is completely divided by the ligature."

Two experiments are next described, shewing that mere pressure is, in the sheep, sufficient to induce the obliteration. Before we consider these, and the inferences of the author, we must detain our readers on two subjects. The first is the quotation from Mr. Hunter. We wish the reader to remark, that, contrary to the other notes, no reference is made to the exact passage. This we shall supply, giving, at the same time, the exact words of Mr. Hunter. "The posterior tibial artery of a dog being laid bare, and its size attended to, it was observed to be so much contracted in a short time as almost to prevent the blood from passing through it; and, when divided, the blood only oozed out from the orifice."§ If this is not the passage alluded to, Mr. Crampton is answerable for our error in not directing us better. If it is, we beg to ask by what authority Mr. Hunter is made to say, "the obstruction to the canal was the effect of inflammation excited to a high degree." We meet with no such expression or inference in Mr. Hunter. On the contrary, his whole object is to prove the muscular power of the artery,

"* Hodgson, p. 110.—Medico-Chirurgical Transactions, vol. i. p. 12.

"† Obervations on Aneurism, p. 14.

"‡ Hunter on the Blood, &c."

§ Treatise, p. 114.

and

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and the circumstances under which the power is sometimes exerted beyond the degree necessary for the ordinary actions of the part. For this purpose, he evidently shews that no inflammation is necessary; for the next paragraph informs us, "That, in laying bare the carotid and crural arteries, and observing what took place in them while the animal was allowed to bleed to death, these arteries very evidently became smaller and smaller." The fact was still more strikingly proved in the placental arteries, which, even out of the body, and when cut transversely, contracted so as entirely to close the area. All this, Mr. Hunter shews, is the effect of a living process, and, like many others, acts according to the necessities of the animal.

As an artery derives its vessels of nourishment from the surrounding parts, there is always danger of its life when denuded: it therefore contracts, and the danger of death from hæmorrhage, should the portion of artery slough off, is thus prevented. When an artery is divided, it attempts to contract its diameter; and this attempt, in all but the larger arteries, is often sufficient to stop the hæmorrhage. The placenta, from the nature of its functions, and from the danger to which the animal would be exposed were its vessels to continue open after the separation of the child, is probably endowed with arteries possessing the greatest power of contraction. In Mr. Hunter's experiment, he found contraction commence immediately after the chord was cut. This he imputed to the elastic power, but the day following he found the mouths entirely closed. That this last action could only be effected by muscular contraction, he afterwards proved, by shewing, that, if the operation was performed after a certain time, when the parts have lost their life, and, of course, the muscles cease to contract, their mouths would remain open.

Mr. C. next gives it as his opinion, "That the rupture of the internal and middle coat of an artery not unfrequently prevents the obliteration of the artery, and thus gives rise to secondary hæmorrhage. This opinion rests on an assumption that rupture of the internal coat is the *immediate* cause of aneurism, and that the predisposing cause is to be found in certain morbid changes peculiar to man, admitting that the ligature produces such a rupture. Why then, continues the author, does not aneurism more frequently succeed to the rupture of the middle and inner coats? The answer is, sometimes it is prevented by adhesions of the ruptured surfaces, sometimes by sloughing, and sometimes a dilatation of the artery follows, which he considers as similar to an aneurism. In answer to this, we would urge, that,

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that, though secondary hæmorrhages do sometimes occur, yet they are, comparatively speaking, uncommon, and have been more so since the custom of using round and sharp ligatures has been more general. That, if they still sometimes happen, it is by no means with the frequency that should be expected if the rupture of the internal and middle coat of the artery were sufficient to induce them, and if sharp round ligaments were sufficient to induce such ruptures. However, the conclusions drawn from the above premises are—

"1. That we are not warranted in concluding 'that the internal and middle coats must be cut quite through all round the artery, in order to procure the adhesion of its sides,'* but merely that adhesion may take place under such circumstances.

"2. That, *in man*, the rupture of the internal and middle coats by the ligature not unfrequently gives rise to aneurisms, or perhaps to secondary hæmorrhage.

"3. That a very moderate degree of irritation applied to the *external* coat of an artery, aided by a sufficient degree of compression to bring its internal surfaces into contact, is sufficient to effect the obliteration of the canal.

"4. That the permanent obstruction of the canal may be effected by such a process in a period not exceeding twenty-four hours."

In proceeding to make the application of these aphorisms, the author begins with remarking the danger of the operation, and, on the authority of Mr. J. Bell, asserts that "Hunter himself has lost his patients." We do not recollect the history of these unsuccessful cases in an operation which the inventor had not introduced many years before his death. "Mr. John Bell's *spirited* description of the danger attending the Hunterian operation" is afterwards mentioned as "somewhat overcharged." It would, then, we conceive, have been much better to have omitted such authority altogether, especially as no arguments were necessary to shew, that, however safe the operation may be, it is still the duty of every surgeon to compress the artery, not only, if possible, "without inflicting any injury on the diseased vessel," but even without any use of the knife whatever.

Some remarks follow on the spontaneous cure of aneurism. As these are only conjectural, and sometimes obscure, we shall not detain the reader with them, but proceed at once to the relation of those cases by which "it would appear that the temporary compression of an artery, upon what-

* Jones, p. 170.

ever

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ever principle it may act, may be successfully employed for the cure of an aneurism."

In both these cases, the artery was laid bare, and compressed by a ligature so connected with an instrument as to be readily lightened or loosened. The circulation was impeded from 19 to 24 hours, after which the ligature was removed, and the artery became obliterated.

Now, we can refer our author to a paper in our Journal, in which he will find the practice of pressure much simplified, yet equally successful. By means of an elastic steel, pressing on a grooved piece of wood similar to that used with the tourniquet, and applied on the sound skin over the artery, the blood coagulated in a diffused aneurism. This, however, did not appear sufficient to cure the complaint, till, by a fresh application of the same instrument, continued for a few hours, the artery was completely obliterated.*

We shall conclude by transcribing the author's postscript, with a few remarks of our own.

"Since the preceding observations were written, a case of the greatest interest has occurred in one of the hospitals of this city, and which I am permitted to communicate to the Society.

"'On Friday the 23d of February, 1816, the femoral artery was tied (in the manner recommended by Mr. Travers) for an aneurism of the posterior tibial artery. On Monday the 26th, the case appeared to be doing well, all pulsation having ceased in the tumour; and the temperature of the limb being natural, a slight attempt was made to loose the knot, which, proving ineffectual, was not persevered in. On Wednesday the 28th, at eight o'clock A.M. the ligature, appearing to lie loosely in the wound, was withdrawn without resistance, the loop remaining perfect: a violent hæmorrhage came on at one P. M. the same day.

"'The artery was secured again about three inches higher up. No alteration in the temperature of the limb followed this operation. On Friday night the patient became delirious, and died on the following morning.'

"On dissection, the artery was found to be completely divided at the place of its first ligature: its extremities had retracted to the extent of three quarters of an inch. The mouth of the upper extremity of the tube was circular, its area was not contracted, nor were its coats thickened; but it was imperfectly obstructed by a coagulum about half an inch long, which seemed to adhere partially to the internal coats. There was no appearance of lymph having been effused from the cut edge of the divided coats. The

* See Med. and Phys. Journal, vol. vi. p. 535. "The tumour was so perfectly solid, that there was no doubt the blood had coagulated." P. 537.

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lower extremity of the tube presented similar appearances, with this difference, that it was more perfectly obstructed by a coagulum.

"It would seem, then,

"1. That the division of the internal and middle coats had been affected in the usual way by the application of the ligature.

"2. That the complete division of the tube, in consequence of the sloughing or ulceration of the external coat, had taken place *at least* on the morning of the fifth day; for, on that day, the ligature with its loop lay loosely in the wound, and was withdrawn without resistance.

"3. That, *after the division of the tube*, hæmorrhage was delayed by the presence of a slightly adherent coagulum.

"The striking feature in this case is the occurrence of hæmorrhage on the fifth day: how far this accident is to be attributed to the attempts, however cautious, to withdraw the ligature from an artery already weakened by the division of its internal coats, I do not pretend to determine; but that a vessel so circumstanced is not in a condition to bear violence or even disturbance of any kind, will, I believe, be readily conceded."

We come now to sum up our remarks with as much brevity as is consistent with perspicuity. From Dr. Jones's experiments, it is unquestionable, that, after the application of a ligature so tight as to divide the internal and middle coat of an artery, effusion of lymph followed, and the obliteration of the calibre. It is true, this experiment was only made on horses; but, as our readers will perceive, we have observed, in our review of that work, the force of the current of blood in the carotid of a horse must have been sufficient to preserve the permeability of the vessel, when only resisted by the effusion of lymph from inflammation. The experiment of Mr. Hunter, referred to by Mr. Crampton, to which we have directed the reader, shews that bare exposure of the tibial artery, without any ligature, and, consequently, without any effusion of lymph from the divided surfaces of the artery of a dog, was sufficient to induce contraction, and, probably, had the experiment been continued, an obliteration of the cavity. It is true, Mr. C. imputes this to the "degree of inflammation excited, and to the thickening of the coats;" but Mr. Hunter speaks of *contraction*, and, though he afterwards opened the vessel, we read nothing about thickening or inflammation.

Our reason for so particularly calling the attention of the reader to these points is, that, as we remarked of Dr. Jones, so we now repeat it of Mr. Crampton, we conceive both have allowed too little to the resources of Nature. If we were to give a history of the obliteration of an artery, under either of the circumstances now mentioned, we should say,

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say, that, such is the provision made for the condition of a vessel which can no longer be rendered serviceable for its original purposes, and the failure of which, without such a provision, would end in the death of the animal. By Mr. Jones's other experiments, we see the exact powers of the œconomy defined. If an artery is only so cut that it may be restored, then the attempt at restoration was made, and succeeded in the instances produced in that gentleman's experiments. If the section encroaches to a certain degree on the diameter of the vessel, all attempt at restoring it is given up, and ulceration takes place, as Dr. Jones conceives, in order to enable the artery to contract, "after which the same process follows to suppress hæmorrhage as in other divided arteries."

But, by Mr. Hunter's experiment on the dog, it appears, that no retraction is necessary, nor the division of the artery either entirely or in any proportion of its diameter, nor even the division of its internal coats; but that, if an artery is reduced to a certain condition, the stimulus of imperfection, as, perhaps, Mr. Hunter would call it, is sufficient to induce the attempt at its obliteration.

It should be understood that our object in all this is to direct our younger readers, in all their experiments, to follow Mr. Hunter's plan of studying the resources of the œconomy or its actions under every change. For want of this, we are perpetually prescribing laws to Nature. Thus Sir Everard Home conceives, because *he* knows no other way of making fat but by placing animal matter on the *banks of a common sewer*; that there can be no other power in the living body, Mr. Brodie supposes, because an animal grows cold when his head is cut off; therefore that the brain is the source of heat. Though Mr. Crampton has kept free of these more palpable errors, and satisfactorily shewn that pressure on an artery is sufficient to produce its obliteration, yet, as the artery was first denuded, it remains to be ascertained whether such denudation would not be sufficient of itself, as was ascertained in the case of the dog; and, if denudation is insufficient in the human race, it remains to be proved whether pressure, without denudation, may not be contrived in other instances as well as that to which we have referred our readers, in which a spurious aneurism, occasioned by puncturing the brachial artery, was cured by an obliteration of the vessel above the injury, without any other operation than pressure through the sound integuments and against the bone.

We have already apprised our readers of the importance of this article, and the number of questions involved in it.

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To most of these we have given our best attention; and one very serious defect we are obliged to mention a second time. To quote an author from memory, is always improper; but, most of all, when the object of our quotation is to support a favourite opinion. We have already mentioned our objection to the construction of a passage from Mr. Hunter, and to the impossibility of the reader's turning to a passage not particularly cited in a quarto volume of between five and six hundred pages. Another authority, not less objectionable, occurs at page 358, where Mr. Crampton, speaking of Dr. Jones's very valuable experiments, adds,

"It is to be observed, that the division of the internal and middle coats is the fundamental principle of this operation; and I have endeavoured to shew, that this division of the internal and middle coats is precisely the *kind* of injury which a diseased artery is least able to bear with impunity: accordingly, secondary hæmorrhage, *or even aneurism*,* is not an unfrequent consequence of this operation."

Here it must be admitted we have a reference to a passage; but, in the 2d edit. of Warner's cases, the only one to which we can refer, page 9, relates a case of the operation of trepanning over the lambdoïdal suture. The only case we can meet with which bears exactly on Mr. Crampton's observation is case xii. page 50; and here we shall see Mr. Warner imputed all his difficulties to a previous disease in the artery, and his subsequent success to fixing his ligature above the disease. As the book is not in every hand, and the case short, we shall transcribe it.

"*Case of an extraordinary Disease of the Humeral Artery.*

"When a bone, and its neighbouring tendons and ligaments, are affected with inflammation, caries, &c. the disease may sometimes extend itself farther, so as to affect the neighbouring vessels; or it may probably happen, that the diseases of these particular parts may sometimes proceed from a previous affection of those very neighbouring vessels, from which they receive their nourishment and growth.

"C. D. was afflicted with a caries of the joint of the elbow, which was attended with such circumstances as rendered the amputation of the limb necessary. The operation was performed at a proper distance above the diseased part, and the vessels were taken up by the needle and ligatures.

"In a few days after the operation, the humeral artery became so dilated above the ligature, as to endanger its bursting. Upon this account, it was judged necessary to perform the operation for the aneurism, which was done, and the vessel secured by

* "See p. 9, Warner's case, &c."

ligature

ligature above the upper extremity of its distended coats. After this, every thing went on seemingly well for some time, when suddenly the artery appeared again dilated, and in danger of bursting above the second ligature. These circumstances made it necessary to repeat the operation for the aneurism: from this time every thing went on successfully, till the stump was at the point of being healed; when, quite unexpectedly, the artery appeared a third time diseased in the same manner as before; for which reason a third operation for the aneurism was determined upon, and performed.

"The last operation was near to the axilla, and the patient continued well from this time without any relapse.

"*Query.* Could the several aneurisms of the humeral artery be attributed to the sudden check alone which the blood met with from its extremity being secured by ligature; or is it not more reasonable to suppose, that the coats of the artery, nearly as high up as the axilla, were originally diseased and weakened? The latter seems the most reasonable way of accounting for these successive returns of the disease of the vessel; since it has been found from experience, that such accidents have been very rarely known to occur after amputations, either of the arm or thigh, where nearly the same resistance must be made to the circulation in every subject of an equal age and vigour, who has undergone the same operation."

We shall forbear any comments on the inference drawn by Mr. C. from such a case, or from a book containing such a case. However, we must not dismiss old Warner, as some will call him, nor his cases, without referring to one object expressed in the title-page, viz. "An Account of the preparation and effects of Agaric of the Oak in stopping Bleedings after some of the most capital Operations." So well satisfied is the author with this mode of "stopping bleedings," from the success of several cases; that he at last attempted it in the femoral artery. Here he failed; but, as he succeeded in every amputation below the knee and above the elbow, and cites the authority of a French surgeon for his success above the knee, the postscript to this edition concludes with the author's determination to make a second attempt.

We pretend not to ascertain the virtues of agaric, but we sincerely wish the powers and resources of the œconomy were more attended to, and that, along with the brilliancy of operations, we heard more of the means by which they may be rendered less necessary.

Case of Inguinal Aneurism, cured by tying the external Iliac Artery. By JOHN SMITH SODEN, Esq. Surgeon to several Institutions at Bath.

All we shall remark of this case is, that the ligature was

was *very thin*, and *of silk;* consequently, we must suppose, as the pulsation in the tumour below immediately ceased, that the pressure was very tight, and sufficient to divide the internal coat of the artery. The ligature was detached on the fifteenth day; the upper part of the wound healed in a month, leaving below a small part of the size of a sixpence, which was not completely cicatrized till the seventh week.

Further Observations on Contractions succeeding to Ulceration of the Skin. By HENRY EARLE, Esq. Assistant-Surgeon to St. Bartholomew's Hospital.

These additional cases do credit to the industry and ingenuity of Mr. Earle. All here related are the effect of burns, the granulations from which, and even the cicatrizations, are known to contract—the first with a rapidity equal to their formation; the latter for a long time after the new skin is completed. Mr. Earle, by pursuing the plan he before proposed, has restored three distorted hands to usefulness and comfort. A case is added from Mr. Ring, and another from Mr. Hodgson.

Case of Hernia of the Dura Mater connected with Hydrocephalus Internus. By HENRY EARLE, Esq. &c.

This hernia consisted of an incysted tumour, which was punctured about a week after birth. As the tumour filled, it was evacuated several times. The child died. A record of such a case is important, inasmuch as it authorizes every practitioner at a distance from the metropolis to undertake a similar operation, and is a sufficient apology should it prove unsuccessful.

Description of an Extra-Uterine Fœtus contained in the Fallopian Tube. By GEORGE LANGSTAFF, Esq. Surgeon.

Such cases are more important to physiology than practice; for, as Dr. Clarke and the author observe, "Even had the case been known, we could only deplore the insufficiency of our art to remedy a situation so uncommon and so fatal." We shall, therefore, only notice those particulars in which Mr. Langstaff's case differs from others of fœtus lodged in the fallopian tube; and, as we can neither improve nor shorten the author's description, we shall give it in his own words.

The woman died seven hours after an attack of violent pain. On opening the abdomen, nearly two quarts of apparently arterial blood were taken out. Aneurism was suspected particularly, as Mr. L. had recently discovered such a cause of death in a subject in whom it was never suspected during

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during life. Finding the fallopian tube dilated to the size of a hen's egg,

"I brought (says Mr. L) the uterus home, that I might deliberately search for the cause of the increased fallopian tube, and notice such other appearances as might present themselves.

"The figure of the tumour, the appearance of coagulated blood beneath its serous membrane, and its having been lacerated, made it look very like a ruptured aneurism.

"The spermatic artery on this side, and those arteries ramifying between the laminæ of the peritoneum, which form the ligamentum latum, and supplying the fallopian tube, being greatly enlarged, induced me to place pipes in them, and inject some size and vermilion, previous to opening the tumour. The injection was observed to flow in a full stream from the lacerated openings in the fallopian tube, when it was thrown into those vessels; and there was also a moderate stream when the spermatic artery was injected, which proved that the giving way of those arteries was the immediate cause of the person's death, and that the spermatic arteries, besides supplying the ovaria, anastomose freely with the uterine vessels, originating from the internal iliacs.

"The distension of the tube had commenced about two inches from the fimbriated extremity, this part of the canal being rather more capacious than that of the left side; but the internal surface retained its plicated arrangement, whilst the remaining part of the tube, from the enlarged portion to the angle of the uterus, was completely obliterated.

"The lacerations were in the posterior surface of the tubal enlargement, and in the longitudinal direction, each measuring about a quarter of an inch. The fallopian contents were next minutely examined; and, after carefully washing away the coagulated blood from beneath the peritoneal covering, I discovered a chorion and amnios, with a fœtus of about eight weeks, floating in the liquor amnii.

"In consequence of the dilatation of the fallopian tube by the increasing size of the ovum, its different tissues (except the external containing one, which was rendered extremely thin) had been nearly destroyed.

"The right ovarium was made very red with the injection, more especially about the corpus luteum, which was remarkably large, and contained a gelatinous looking mass.

"There were several corpora lutea in the left ovarium, one of which shewed the vesicle having been removed from thence in the conception previous to the last.

"Lastly, the uterus was examined; it was considerably larger than we generally observe that organ to be in the unimpregnated state, even in women who have borne several children. On laying it open, the uterine vessels were observed to be very large, but empty; and there was a great quantity of gelatinous matter in the cavity and neck of the uterus. When this was washed off, the internal

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internal surface of the viscus looked very vascular, having been highly injected; but there was not the least appearance of a decidua.

"The cervix uteri was not closed by the mucous secretion from the glands situated there, as it is during utero-gestation, when it proceeds in the ordinary manner; as I easily introduced my finger through it into the uterus, although the lacunæ were numerous and loaded with mucus."

Some valuable observations follow, particularly on the condition of the uterus, its mouth remaining open; and its size, which, though enlarged, was not equal to one containing a fœtus of that age; and, lastly, the absence of a membrana decidua.

"Perhaps (says Mr. L.) the gelatinous matter found in the uterus may, by some gentlemen, be considered as the incipient step towards the formation of that membrane.

"If it be admitted that this membrane is an adventitious production of the internal surface of the uterus; that in the mode of production it resembles the laminæ of coagulating lymph, formed by inflamed surfaces; and that it is produced previous to the reception of the ovum into the uterus, I think I shall not be considered incorrect in having stated, in the history of the dissection, that a decidua was not present.

"In the cases of ruptured fallopian tube from extra-uterine conception, which have been related, mention is only made of the laceration, without noticing the morbid changes produced in that part, and the probable cause of its sudden rupture.

"Dr. Clarke merely says, 'But the most remarkable thing in this case is, the laceration of the fallopian tube, and the fatal hæmorrhage thereby occasioned.' Dr. Burns thinks the tube slowly inflames, and sloughing takes place. Having only seen this solitary case, I shall not presume to say what takes place generally in those instances; but shall venture to describe what appears to me, from the result of the dissection, the most probable cause of laceration.

"In consequence of the regular developement of the ovum, the containing parts are distended beyond their capability, and become attenuated; progressive absorption takes place; the vessels supplying the ovum, which are necessarily enlarged, suffer in the destructive action; and, from their not having been obliterated by adhesive inflammation, their coats are gradually absorbed, they burst, and the blood now finding free access to the sac, which is already rendered extremely thin, it bursts as in aneurism, the blood is propelled into the cavity of the abdomen, and thus life is extinguished.

"One of the most remarkable, and, I believe, unique, circumstances in this case is, that no communication existed between the uterus and the ovum, the canal of the tube being completely obliterated; and it is also worthy of remark, that there was only the corpus

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corpus luteum in the right ovarium, which has been described,—all the ova except this having appeared to be produced by the opposite ovary.

"It would be impossible to state accurately, whether this obstruction took place before the fallopian impregnation, or in consequence of it; but, in a physiological point of view, it would be very desirable to ascertain this point, as it would satisfactorily account for the detention of the ovum, and refute the opinion entertained by some physiologists, that the semen must be in actual contact with the ovum for the production of the species.

"From the complete state of obliteration of the tube, I must confess I feel inclined to suppose, that it was not effected by adhesion in consequence of inflammation from the last conception; or else, from the same cause, why was not the extremity of the tube obliterated?"

From this specimen of Mr. Langstaff's observation and reasoning, we wait with much anxiety for his promised case of aneurism, announced in the paper before us.

On the Treatment of Sinuous Ulcers. By HENRY DEWAR, M.D. F.R.S. Ed. &c.

Nothing can be more pleasing than the restoration of some of those chirurgical therapeutics, which, among the moderns, are, in too many instances, superseded by the brilliancy attending operations. We mean not by this to undervalue Dr. Dewar's *discovery*, for such we consider it, if (as we have no reason to doubt) his proposed plan has not been fairly attended to between the time of Galen and Heister, and altogether neglected since the writings of the latter. We say we consider it a discovery, not because it is not to be met with in systems of surgery, cyclopædias, complete practices, and *vade-mecums*—most of these books, by the slovenly manner in which they are composed, usually by writers without experience, and, consequently, unincumbered with doubts or difficulties, have proved the bane of modern practice in all its branches. But Mr. Dewar informs us that his plan is neither taught in the schools, practised in public hospitals, nor described in any recent publications. Whilst we give the author credit for so much merit, we are forced to acknowledge that his paper might have occupied fewer pages. It is, however, well written; and who shall accuse the discoverer of any improvement, if he shows some anxiety to be well understood, when he tells us,

"Both the patient and the medical gentleman who saw it were surprised at the celerity of the cure. But it was not, to my knowledge, made the subject of any discussion or conversation, farther than by being mentioned as a *remarkably fortunate case*. The only circumstances, then, systematically attended to in the appli-

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cation of bandages, were the neatness and smoothness of their appearance, and the utility of the uniform pressure recommended by Mr. Baynton in superficial ulcers. A pressure greatest at the remote part, and gradually declining towards the outlet of a sinus, to give the compressed fluid a safe direction, and to secure the commencement of adhesion in that quarter in which it is not liable to future interruption, though obvious dictates of surgical science were never thought of."

Having given this apology, we shall proceed, in the author's words, to a description of his mode of applying pressure. After objecting, with much propriety, to the common mode of bandaging a limb containing sinuous ulcers, he adds,

"The following is the method to be substituted for the preceding expedients. A few turns of the roller should first be made *with considerable pressure* over one extremity of the femur, and then over the other, so as to reach with all possible certainty the extremities of the large sinus, into which the whole cellular interstices of the parts have been converted. It is safer to begin beyond the sinus than to run any risk of falling short of its extremities; and, in some cases, it might be proper to increase our security by means of partial compresses extending somewhat higher than it is possible to apply the turns of the roller itself. It is now fixed in its situation with a pin. A considerable pressure is easily borne, as no high inflammation is present; and the evacuation of the pus, by reducing the circumference of the limb, soon relieves the veins from any turgescence arising from the pressure to which they may have been at first subjected. In country practice, when a surgeon has been newly called to an old case of this kind, and a considerable interval may elapse before he is to repeat his visit, the swelling of the lower part of the limb may be obviated by bandaging it upwards from the toes. After fixing the bandage on the thigh at the degree of pressure which I have described, the surgeon may, if he chooses, make two or three lighter turns on the tumid part to assist the depletion of it; taking care that these press so lightly, as in no degree to counteract the operation of the first turns made at the extremities of the sinus. The change which this application produces is almost immediate. Part of the matter with which the integuments had been distended is irresistibly forced a certain way towards the orifice; and no newly-secreted matter is suffered to lodge in that quarter. On the second day, the limb is found somewhat reduced in size, and the bandage may now be applied more extensively. On the third day, it may be so applied as to be kept on for several days without alteration. The same degree of pressure is always to be continued over the extremities of the sinus, and several additional turns are to be made, gradually looser, alternately above and below the orifice, and approaching to it in both directions, but not reaching it. If there are two orifices, one of them, by which the matter can be freely brought

brought away, is to be left uncovered with the bandage, and the other allowed to heal up. There is no necessity for selecting the most dependant one for that purpose, as any advantage derived from the tendency given to the course of the matter by its own weight, is not worthy of attention under a treatment implying means of evacuation otherwise so powerful. The anterior orifice will often be found the most eligible, as it is examined and dressed with greatest convenience. During the alternate application of the bandage to the higher and the lower part of the thigh, it is frequently and variously *crossed* on the side of the limb opposite to the open orifice, and thus a propulsion of the pus is commanded in every direction to that outlet. A considerable part of the surface surrounding it is left uncovered, and the bandage is finally fixed. Over the orifice such light dressings are subsequently applied as will make no resistance to the discharge of the purulent matter. The firm propelling bandage is kept on without alteration, except when it becomes loose in consequence of a reduction in the size of the limb; although cleanliness requires the dressing immediately over the orifice to be changed daily or oftener. Thus all unnecessary trouble is prevented, an object which is sometimes of importance in securing the more perfect performance of those offices which are really necessary.

"When no further cause of disease has existed besides those now mentioned, and when the pus is the only foreign body contained in the cavity, the process of adhesion soon begins at the extremities of the sinus. The principles of adhesion have been very well understood since Mr. John Hunter wrote on the subject; but it will be useful on the present occasion to remark, that a considerable pressure over relaxed parts promotes it independently of the evacuation of pus, by affording mechanical support, in the same manner as it promotes the healing of the relaxed surfaces of ulcers. It thus supersedes the stimulant injections which have been so often employed for the purpose of inducing rawness. The process of adhesion advances by successive steps from the extremities towards the orifice of the sinus, which, even in the end, requires but little pressure. The discharge quickly diminishes, and shows a proportional diminution of internal disease; and the parts heal in the same kindly manner as a superficial abscess among firm integuments after the pus has been discharged. In the case to which I have alluded, these effects were amply and speedily obtained."

Some learned references follow from Galen, Aëtius, Paul. Ægineta, Heister, Tagault, and Fabricius; after which Mr. D. proceeds—

"The mode of bandaging now described will possess considerable advantages in cases of more complicated disease. If pieces of cloth, splinters of bone, or other foreign bodies, are present, it will tend to expel them by the ready evacuation which it effects. If it does not expel them, yet, by reducing the local disease to the spot in which they are lodged, it procures for the practitioner sure

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information of their presence, and thus gives him an opportunity of using his best endeavours to remove them. In all cases, it must facilitate recovery by circumscribing the local disease: even where the bone is fractured by a musket shot, it will have the effect of reducing the disease more nearly to that of a common compound, and soon to that of a simple fracture.

"When the discharge from a sinuous ulcer is fetid and ichorous, shewing an unhealthy state of the parts, some might be disposed to expect less advantage from this mode of bandaging. This most frequently occurs among numerous tendons or ligaments, as in the ham or in the foot; and arises, in some measure, from the nature of that species of structure, and the forcible separation of the parts attending it: and the disease will, in some degree, yield to the powerful compression of a bandage diminishing the contrast between the firmness of the ligaments and the openness of the intervening spaces. In many cases, a healthy action may thus be established, especially if the aid of stimulant injections is superadded.

"It is scarcely necessary to describe the modes in which the same principles may be applied to the treatment of sinuses in other parts of the body. In the arm and leg there will be no occasion to deviate from the exact form of the bandage as already described. When a sinus exists under the integuments of the foot, extending among the ligaments and tendons, many respectable surgeons lay them open the whole length of the foot, and then use means for healing up the cavity by granulation. This harsh operation may evidently be superseded by the bandage applied according to the principles above explained, and with a tightness proportioned to the resistance which it receives from the structure of the parts.

"In sinuses occurring among the integuments of the trunk, greater address is required, and, in many cases, the success of the most judicious management must be uncertain, as we have not such points of support as will afford complete security against the extension of the sinus to the great cavities of the body. In some cases, a compress in the form of a crescent might prove useful for preventing the spreading of the suppuration in various directions, and thus promoting the tendency of it to the orifice. The open part between the horns of the crescent will correspond to the outlet."

Such is the general purport of this ingenious paper, by which, we doubt not, this teazing part of surgery will be much simplified. Respecting the pathological reasoning, may we venture to express a doubt whether the author has given sufficient credit to some degree of inflammation which his mode of pressure may induce, and which may further assist the process of adhesion? We are far from lessening the merits of this discovery by this or any other remark.

Such are the contents of the second part of this volume. Our remarks sufficiently show how much we conceive it to exceed the first, particularly in the chirurgical department.

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An Essay on the Mode by which Constitutional Disease is produced from the Inoculation of Morbid Poisons. By CHARLES SALT, Member of the Royal College of Surgeons, London. 8vo. pp. 88. Cox and Co.

THE author's intention in this tract is, "if possible, to ascertain why these poisons *appear* to be exempt from the immediate agency of the absorbent system," considering "that the mode of explanation by fermentation, nervous sympathy, or a supposition that these poisons remain a long time inert in the inoculated part, rather appears to increase the difficulty than to afford any satisfactory explanation."

The author's theory follows:—

"When a morbid poison is applied to an abraded surface, it has a specific power inherent in it of exciting a new secretory action in the *very contiguous* arteries, by which a poisonous fluid is secreted, which, if absorbed from the part, is capable of infecting the individual in whom it is produced, *directly* by such absorption; and of infecting any other individual *indirectly*, viz. by a repetition of this process in the part of his body to which it is applied. This process is never immediate, but slow; and is preceded and accompanied by local inflammation."

After a few other remarks, to shew that the process is not immediate, and that the matter is not absorbed till after a new local action is excited in the part to which it is applied, the chapter concludes with the following summary:

"1st. After inoculation, simple absorption of the deposited fluid is found incapable of producing constitutional disease, without the intervention of a local secretory process.

"2d. That constitutional effects (as far as experience allows of a decision) may be always prevented by excision or destruction of the contiguous organized structure, antecedently to the local suppuratory process.

"3d. That, from general experience, where the primary suppuration or secretion goes through its regular process, the constitutional disease, amongst individuals capable of receiving the complaint, may be always expected to follow."

A chapter follows on the functions of arteries and absorbents, in which the arteries are considered as the suppuratory organs. We were in the habit of imputing it to glands. "A bullet," says Mr. Salt, "may remain in a part, in some instances, for years, and then produce a secretion of pus, which, by making its way to the surface, gives an opportunity for the escape of the ball." Now, we are rather led to suppose that this process of suppuration does not commence till the ball arrives near the surface. Such is the case with other substances, which, having been swal-

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lowed, pass through a considerable part of the body without inducing suppuration in parts in which suppuration would, probably, be fatal; but, as soon as they approach the surface, suppuration commences, an abscess is formed, and, without any previous suspicion, a pin, or some other sharp body, appears.

Some general remarks follow to show that "the arteries, once having received their specific impulse by the inoculation of morbid poisons, after some time, secrete a fluid in each case, *sui generis*, which is capable of producing the same disease, under certain circumstances, in others."

An objection occurs in hydrophobia, beyond comparison the most important of all; but, in other morbid poisons, there is this difference between the matter reproduced by local secretion, before its removal from the body of the patient, and subsequent to such removal. In the former case it has the property of infecting the person in whom it is secreted by direct absorption, and in the latter it possesses no such power. That is, if we understand the passage, the local action must be excited before the constitution can be affected. This is illustrated by what the author considers a sufficient proof.

"It may, perhaps, be said, how absurd to suppose that a secretion, while enclosed in the part in which it was secreted, should possess a property which it was unable to retain after its removal!

"But, let it be remembered that there is a large class of plants which blossom only once before they perish; and the plant, antecedently and subsequently to flowering, may be said to possess different powers or faculties. No man would plant annuals in his garden which had blossomed.

"Perhaps a closer analogy may be obtained from the history of some animal fluids. The blood, for example, while circulating in the living animal, possesses certain known properties essential to the continuance of life; remove it from the body, and, in a very short time (perhaps in a few seconds), it loses the peculiar powers and properties it possessed when in a state of circulation. If such blood be returned into the veins of an animal, it becomes, from the change it has undergone, a mere extraneous matter, no longer capable of the performance of its usual functions."

We cannot easily see the necessity for these analogies: the fact must rest on observation, and is, we believe, pretty generally admitted. But we know not on what authority the glanders and farcy in horses are said to be excited by the same matter, differently applied. We are referred, it is true, to Mr. White's experiments, from which extracts are given; but these extracts are not satisfactory, till it is found that the matter of farcy will excite glanders.

The rest of the work goes to show that, if, after inoculation of any morbid poison, the part is cut out, no ill consequences

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sequences will follow, but such as arise from a clean cut. In hydrophobia some difficulties occur.

We are much pleased with the good intentions of Mr. Salt, and hope he will pursue all the experiments he speaks of; after which we shall be very thankful to learn the result. One caution, however, we are obliged to repeat, viz. that, though the object of his experiments may be to shew that all morbid poisons, inducing local action, are governed by the same laws, yet his business must be to detect all the actions induced by them, before he confines them to laws. When he has discovered the actions of each by the forms they exhibit, he is then in possession of the laws of each, and may easily discover how far they are general to all, or similar in each; and, if not so, he may inform us in what respects they agree, and wherein each or either differs.

Essai sur l'Anatomie Pathologique en general, &c.

Essay on Pathological Anatomy in general, and on Transformations and Organic Productions in particular. By J. Cruveilhier, M.D. 2 vols. 8vo. Paris, 1816.

Pathological Anatomy, or the anatomy of the body in a morbid or diseased state, is a study which has but very recently been cultivated with ardour and success. For example, the first attempt at a system of pathological anatomy dates no farther back than the close of the seventeenth century; since which period many illustrious names, impressed with its importance, have devoted all their attention to it. Hitherto, the authors who have treated the subject have followed in their classifications the order of the regions of the body. This arrangement is defective in many respects: it involves frequent repetitions, and never gives a general or perfect idea of the disorder. M. Cruveilhier follows a different plan (similar to that of M. Dupuytren in his lectures): he separates those parts which have no relation, and unites those which have.

His work is divided into four sections:—The first, *mechanical lesions*, or accidents. The second, *organic diseases*. The third, *organic lesions*, which may be occasioned by—1st, irritation; 2d, atony; 3d, the *death* of some part of the body. The fourth section contains *vital disorders*, or those in which we have not been able to discover any derangement of the mechanism of nature, and for which pathological anatomy offers no aid, as fevers, &c.

Mechanical lesions comprehend ten classes—1, wounds; 2, ulcers; 3, fistulas; 4, contusions; 5, distensions, ruptures, &c.;

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&c.; 6, fractures; 7, the displacing of hard or soft parts; 8, foreign bodies; 9, aneurisms; 10, vices of conformation.

The second section treats of transformations, productions, and degenerate organizations; perhaps, the most important part of pathological anatomy, and the least known. The greater portion of Mr. C.'s work is accordingly consecrated to it. The degenerations form three orders—1, scrofulous; 2, cancerous; 3, from chronic inflammation. The first two orders present many important varieties.

The third section comprises—1, nutritive irritation; 2, secretory, &c.; 3, hæmorrhagial; 4, inflammatory. The atonies are distinguished into—1, nutritive; 2, secretory; and 3, hæmorrhagial. Next gangrenes—1, organic lesion; 2, lesion from circulation or nervous action.

Such is the arrangement of Mr. C.'s work, which, if executed with the talent and perspicuity we might expect from such a writer, merits to be continually consulted as the anatomist's vade-mecum, containing the state of science down to the present hour. Mr. C. is a young author: we believe this is his first work. But he has devoted himself to these studies, with all the advantages he may derive from the too-compressed labours of our Baillie. We are also assured, that his views are frequently original, and that he possesses the happy art of transferring the clearness of his own conceptions to the mind of his reader.

Avis aux Femmes qui entrent dans l'Age Critique, par CH. P. L. DE GARDANNE, &c. &c.

Advice to Women at the Critical Period of Life, &c. By Dr. GARDANNE. 1 vol. 8vo. Paris, 1816.

DR. GARDANNE, though very young, has already acquired a high degree of reputation; and his work possesses at least one exclusive merit, that of being the first wholly devoted to a most important and highly-interesting subject. But it were much to be wished that the fire of youth had been a little tempered by the sobriety of age; and Dr. Gardanne would have deserved still better of society, if, instead of addressing his work to the ladies, whom it concerns, he had treated the subject more scientifically, which he is well capable of doing. Works of science should never be written in the language of romance—they lose thereby even the portion of weight they merit. And even the ladies, at that time of life, would, we apprehend, have been better pleased with Dr. Gardanne had he treated the subject with grave importance, than in striving to excel as an agreeable writer.

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The base of the work is, however, excellent: we have only to find fault with the extraneous and foreign ornaments with which he has thought fit to embellish it. He divides his work into three parts. The first contains an anatomical and physiological dissertation on the uterus at the turn of life.

In the second, the author points out the modifications which the whole constitution of the female undergoes at this period, from which he deduces precepts proper to be attended to in order to prevent the disorders to which women are then subject.

The third part contains dissertations on the disorders incident to that period, with particular observations on the mode of treatment of each. As the work is likely to become popular, not only from its scientific interest, but also as a valuable tribute to the sex, we may expect a second edition with those alterations, which enlightened criticism and the matured judgment of the author shall have dictated.

MEDICAL AND PHILOSOPHICAL INTELLIGENCE.

THE last Number of the Repository contains a paper from Mr. Cross, exactly confirming our opinion concerning the attempted improvement of silk ligatures cut close to the knot. After amputation of the thigh in the human subject, and several experiments on a dog, the writer concludes—

"The experiments which I have detailed, have, in some respects, afforded different results from those which Mr. Lawrence made, and lead to the following conclusions, which are not very favorable to the employment of the minute silk ligatures after operations.

"1st. If the wounds do not unite by the first intention, the ligatures may escape with the discharge, without any inconvenience.

"2d. If common ligatures of twine are cut short, the wound may unite over them, and they may be found in abscesses after an interval of many weeks.

"3d. If the finest dentist's silk be employed in the same way, the wound uniting over it, the ligature may be detached from the vessel, and remain buried in an abscess, where it will be found at different periods, from one to seven months; and this may happen, whether the vessel be firmly compressed with a single ligature, or divided between two ligatures, so as to imitate the circumstances under which vessels are tied after operations.

"5th. If Indian silk, fine as a hair, be put round a vessel, so as diminish its diameter, or to effect its obliteration, by just compress-

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ing its sides together, it may remain in this situation without exciting abscess, or producing any inconvenience. The ligature may be thus applied to compress an artery for the cure of aneurism; but not to secure vessels divided by operations. If a thin ligature be drawn sufficiently tight upon a vessel on the face of a stump to be secure, I am persuaded that the extremity of the vessel, which becomes insulated, as it were, must die. How often do we see this slough of the main artery of the thigh come away with the ligature!"

"Ought the surgeon readily to give up the comfort of knowing that all the ligatures, particularly the one from the main artery, are away? Have the minute short ligatures any other advantages than that of avoiding the irritation of threads hanging out of the wound? Are there not sufficient objections to their being employed generally in practice, however applicable to particular cases? May not the surgeon, who is less frequently engaged in operating, include with the artery a neighbouring nerve?

"I conclude with these queries, under the hope that those surgeons, who have been captivated with Mr. Lawrence's ingenious proposal, may answer them by giving publicity to their experience upon the subject."

The *Royal Society* has lately been particularly barren in natural history. One of the papers has, however, occupied, if we may so say, "all the talents." Sir Joseph Banks procured some fossil bones from the Catwater at Plymouth. Sir Everard Home and Mr. Brooks determined that some of them belonged to a rhinoceros larger than the one in Mr. B.'s possession, which is the largest in England. Lastly, Mr. Brand found them to consist of phosphate and carbonate of lime, besides animal matter $\frac{8}{100}$, and water $\frac{10}{100}$.

The Rev. Mr. Hyde Wollaston's thermometer for measuring the heights of mountains by the boiling point of water, promises some useful analogical discoveries.

Mr. Marshall's paper on the laurus cinnamomun is chiefly interesting on account of the etymology of the word. The Malays, we are informed, express cinnamon by the word *cayeu menes*, sweet wood, which, as it is well known the Romans pronounced the *c* sharp, and gave their own termination to every foreign word, was easily transferred to *kin* or *cin-cinnamomum*. Cassia, Mr. Marshall conceives, is derived from the same origin.

The *London Medical Society* closed their meetings for the season, on Monday, the 26th of May. A paper was read from Mr. Dunn, describing his successful operation in a scrofulous ankle. He dissected out some of the tarsal and metatarsal bones which were diseased, preserving the toes and the rest of the foot. In a few months, the subject being in the vigor of youth, sufficient new matter was formed to restore the figure and usefulness of the foot.

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On the same evening, a paper of Dr. CLUTTERBUCK's was read, remarking that fevers, from which the metropolis had been free for many years, were becoming sporadic, and even were increasing in frequency; that they were scarcely reducible to any particular character, (such as the French call *ataxique,*) and had, in some cases, proved fatal at very uncertain periods: as they did not seem infectious, that they might probably be imputed to the same unknown cause in the atmosphere as has proved so unfavorable to vegetation.

Medical Benevolent Society.—At the first annual general court, the following gentlemen, Dr. Luke, Dr. Drever, Joseph Hayes, Esq., A. T. Thompson, Esq., R. S. Wells, Esq., and Reginald Williams, Esq., went out of the direction by rotation; and Dr. G. G. Currey, Dr. Outram, H. L. Thomas, Esq., R. R. Pennington, Esq., Neville Wells, Esq., and Edward Browne, Esq., were elected.

The number and names of members, and the accounts of the society were reported, and the 10th of May appointed for the anniversary festival.

The first anniversary of this admirable institution was accordingly commemorated at the Freemason's Tavern, on Saturday, May the 10th, when, between forty and fifty gentlemen, among whom were some of the most distinguished members of the profession, assembled: The President of the Royal College of Physicians, Dr. LATHAM, to whose philanthropy the society owes its foundation, in the chair.

After the cloth was drawn, the worthy chairman took occasion, among other observations equally creditable to his feeling and good sense, to express the peculiar gratification he derived from the attendance of so large a portion of the members of this infant society; which he interpreted as a proof of their zeal in promoting its welfare, and as an auspicious omen of its future prosperity.

Although the present number of its members bore a very small proportion to that of the profession, yet when he remembered the degree of support which similar societies had met with on being first instituted, and when he saw the amount of the contributions already bestowed, the *Medical Benevolent Society* might be considered in a prosperous condition. The state of the funds indeed was highly satisfactory. The expenditure would of course appear large, but it would be recollected that this was the year of the society's being established, when the expences were necessarily greater than any future year would require.

It would be seen, by reference to the plan of the Society, that two modes offered by which a comfortable provision might be secured in case of any of those vicissitudes in life to which medical men were peculiarly exposed, or when age and infirmity rendered a member unequal to further labour:—the one was by paying annually one guinea or more, till he have paid the sum of thirty

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guineas, which would entitle him to such relief as, upon application, the funds would afford; the other was by paying at one time a sum of money, which at twenty-five years of age was £49 only, or annually a small premium, which would, at the age of sixty, secure the absolute property of an annuity of at least £50 for the remainder of life.

When the existence and views of this society were more generally circulated, he was confident that it would have the approbation and support of the more affluent members of the profession.

Several liberal donations, both from professional and unprofessional friends to the institution, were received, and many new members were proposed. The impressions ever resulting from the consciousness of good actions, together with the liberal and unremitting attentions of the stewards, were so gratifying, that the day concluded with general satisfaction.

Some ingenious remarks on flame have lately attracted the notice of experimental philosophers; the result at present is, that in most, if not all, flames there is an exterior and more feeble flame, which is in general invisible, on account of the internal more brilliant flame. That the exterior flame is the part really undergoing combustion and giving out heat. [Quere.—What analogy has this to the calorific and colorific rays of the sun discovered by Herschell?] That flame is not opaque, and only obscures every subject beyond it by its greater brightness. The following are among the proofs of the above, and contain Mr. Porrett's general conclusion.

"Place a lighted spirit-lamp about three feet from a sheet of white paper stuck against a wall, and about nine feet from a lighted candle, so that the lamp may be between the wall and the candle. Close by the side of the flame of the lamp put a small piece of thin and clear glass. Then look at the sheet of paper, and two very faint shadows will be seen upon it: the one will represent the flame of the spirit-lamp, and the other the piece of glass; but the shadow of the glass will be the deepest: consequently the flame intercepts less light; or, in other words, is more transparent than glass.

"The opacity of flame will not now, I presume, be urged against the explanation which I have given of one of the obscuring effects of the wick. I proceed now to mention the other, which depends on its conducting power. A long wick conducts downwards a considerable portion of the heat of the flame, which is expended in volatilizing more tallow (hence the increased consumption of that substance); and, by thus diminishing the temperature of the flame, the particles of charcoal are not ignited to such an intense degree as they otherwise would be, and consequently they do not emit so much light. Hence whatever conducts off much caloric from the flame diminishes its light. I have been able to reduce the temperature of the flame of a candle so considerably by placing it in an impure atmosphere, at the same time that a metallic sphere of the size

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size of a musket-ball was suspended so as to dip deep into the flame, that it burned with a feeble blue light, like that of spirits of wine. A similar effect takes place at the bottom of the flame of a candle: the small quantity of gas and vapour emitted from this part of the wick burns here with a feeble blue flame, in consequence of its proximity to the wick replete with tallow passing to the gaseous state, by which its temperature is kept down. In the lighted stream of coal-gas the same cooling effect is produced near the bottom by the constant current of cold gas. In all these cases the heat of these parts is not sufficient to decompose any portion of the gas inclosed within the outer flame; consequently no charcoal is separated and ignited; and therefore (conformably to the principle discovered by Sir H. Davy) the emission of light is very trifling."—*Annals of Philosophy.*

The same work contains the Chinese clumsy mode of preparing mercury in its various oxids and in ointments. They are only worth notice as marking the character of that extraordinary nation.

An ingenious paper, by Mr. Sym, on the Temperature at which Water is at the greatest Density, concludes thus,—

"The result of my trials, which I repeated oftener and more scrupulously than an older experimenter would have thought at all necessary, is conformable to the generally received opinion. Whether I plunged the bulb into water at 50°, and then slowly cooled it down to 32°, maintaining the temperature for some time stationary at each successive interval of two or three degrees, in order to make sure of its being uniformly diffused throughout both members of the instrument; or whether I reversed the process, by first surrounding the bulb with ice, and then slowly communicating heat to it; I found that the condensation was greatest either at 40°, or in its near neighbourhood, and that the rate of expansion on each side of that limit was apparently the same. I even made the experiment with a greater degree of nicety than can be done with a graduated scale, by tying a fine hair round the tube, and placing it precisely opposite to the level of the water, after having kept it at 40° for more than half an hour; and I still found that any change of temperature, whether a rise or a fall, caused the water to ascend above the level of the hair. I am, therefore, almost convinced that the greatest density of water is at a temperature not differing from 40° by more than one degree; though I should not like to speak confidently on the subject, unless I could have the satisfaction of seeing the method approved, and the result verified, by some more experienced chemist."

Professor Leslie has found that the dried garden mould and decayed green-stone pulverised, will "absorb the 50th part of its weight of moisture before its absorbing power is diminished one half, and the 25th part of its weight before this power is reduced to one-fourth.

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one-fourth. When completely saturated with humidity, it may hold near a fifth part of its whole weight. Since, therefore, the quantity of heat abstracted by the process of evaporation is adequate to the congelation of about eight times an equal weight of water, the dry pulverized green-stone or garden mould is capable of freezing more than the sixth part of its weight of water. To ensure success and expedition, however, I should prefer rather a larger proportion of the powder. The contents of two quart decanters, for instance, poured into a saucer of a foot diameter, might be employed to freeze half or three quarters of a pound of water in a hemispherical cup of porous earthenware. This powder is capable of acting still, though with feebler effect. It should, therefore, after each process, be dried again, which will restore it completely to its former energy. Such partial drying will be quickly and easily performed; and in hot countries the mere exposure of the powder for a while to the sun may be sufficient. Ice may, therefore, be procured in the tropical climates, and even at sea, with very little trouble, and no sort of risk or inconvenience."

Some experiments have been made of inoculating cows with variolous matter, but no contagious marks have followed. Twelve years ago, we made a similar experiment with the same results.

Extract of a Letter from Edinburgh.—"Dr. Spurzheim sank not under this cruelty of criticism, which he bore with a serenity of deportment worthy a man of science. On the contrary, his moral character appeared more bright in the eyes of those who knew him, simply from being contrasted with the foulness of the epithets that had been thrown upon it. He came to Edinburgh, therefore, not to indulge feelings of personal irritation, but in a spirit of meekness, anxious to find out his opponent, for no other purpose, than that he might convince him, by ocular demonstration, of that peculiar structure of the brain, which he had described in his works and plates.

"I had the good fortune to be present at his first demonstration, which took place before a considerable number of eminent anatomists; the person also was there, whom rumour alleges to be the author of the offensive article in the Review. I marked the conduct of that individual, and, if the outward deportment could be viewed as an indication of what was passing in the mind, he was certainly labouring under suppressed emotion; and more than once he tried to disembarrass himself by pulling from his pocket, and reading, or pretending to read, the superscription of a letter. He generally contented himself with distant hurried glances at what was demonstrated, and, upon the whole, seemed both uneasy and inattentive."

"On a subsequent occasion, Dr. Spurzheim, with his usual readiness,

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dinees, demonstrated the brain to about two hundred spectators, among whom were several of the medical professors, and other competent judges. It was previously concerted, that his opponent should ask him questions; and, by so doing, it was hoped, to give him and his doctrines a public and final overthrow. The scene was most interesting to the audience. Dr. Spurzheim, in his usual masterly manner, proceeded in the demonstration, and like the 'admirable Crighton,' sustained, for upwards of four hours and a half, and in a language which was foreign to him, a public disputation with his adversary, explaining himself in terms at once philosophical and perspicuous, and very successfully and coolly ridding himself of the disingenuous cavilling about words with which it was sought to embarrass him. During this public disputation, it is pretty generally admitted, that there was, in one quarter, a right plentiful lack of temper, as well as of argument, and that had Rare Ben Johnson been alive to witness the scene, he might have found hints for improving one of his best characters, viz. that of the 'Angry Boy' in the 'Alchymist.'

"I am thus particular in my statement, because attempts have been made to misrepresent the feelings and judgment of the audience, which were unquestionably in favor of Dr. Spurzheim, in the proportion of at least twenty to one. It would have been too much to expect perfect unanimity on a question and an occasion of this sort; for little does he know of human nature, who is not aware what erroneous impressions on 'the mind's eye' the *mirage* of prejudice and predilection now and then produces."—*Med. Chir. Journ.*

We have not thought it necessary to notice the late attempt at curing cutaneous diseases, (some of our readers will, perhaps, prefer the term pseudo-syphilitic), by nitro-muriatic baths. Our neighbours on the continent, it is well known, are fond of more complicated pharmacy.

Dr. Kretschmar, of Dessau, highly recommends the use of ulligenous gas baths, which gas is the produce of putrified vegetable and animal matter. By the former, carbonic, hydrogen, and carbonic acid gas, are produced; and, by the latter, phosphoric hydrogen gas, to which, in turfy countries, comes still hepatic gas. Water impregnated with these substances must naturally be expected to be very active; there is, however, still another reason that must render these baths salutiferous, viz. the electricity evolving by these decompositions. They would in general be applicable in palsy, stiffness and wasting of the limbs, nervous debility, &c.

The construction of such a bath would require a grate in a place beneath the water, where this gas is evolved in the greatest quantity, and that it be covered with a board having holes bored in it.

Remarkable case of total Obliteration of the Aorta.—In the corpse of a youth fourteen years of age, that had laboured under violent

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violent palpitation of the heart and dyspnœa, whose lower extremities had not attained the same degree of perfection as the superior ones, a disproportion was discovered between the ascendant and descendant aorta; the former being found distended into a sack of nearly four inches in circumference, and a similar dilatation existing in the heart itself, and in all the ramifications of the ascendant aorta, so that the left subclavian in particular was found twice as large as usual, and appeared like a continued aorta; but the descending, much contracted and straightened in the beginning, and afterwards, about six or seven lines beneath the subclavian, entirely obliterated,—soon, however, appearing hollow again, spreading its ramifications, and then retaining its usual permeability. The circulatory communication had probably been kept up by the superior intercostal arteries of the left side of the subclavian and the arteria mammarum by their intercostal branches, as all of these appeared much dilated. The arterious duct was likewise hollow, and wide enough to admit a catheter. The substance obliterating the aorta, resembled the ligamentous cellulous matter into which the arterious duct is generally changed after birth.

Remarkable Instance of Obesity.—Dr. Dixey, in a letter to Dr. Rehmann, gives the following description of two enormously fat people,—David Eustinphejef, of the village Wladimirooka, in the Makareswick district of the government Nischney Novogorod; and his sister, Anastasia. David, fourteen years of age, stands four feet and six inches, English measure; weighs, without his clothes, three hundred weight and ten pounds; the circumference of his head, above his eye-brows, is one foot nine inches; across the middle of the face, one foot ten inches and a half. His forehead is short, roundish, flat, and thickly covered with light hair. His little brown eyes are deeply buried beneath the prominent eye-brows, yet they have a friendly childish look. The nose is somewhat flattened towards the root, and is rather blunt. The cheek-bones are prominent, and their farthest extremities distant six inches from each other. His physiognomy is pleasing, attractive, and natural. His white teeth, fresh and fair complexion, increase his tender and childish appearance. His neck is hardly perceivable; the breadth of his shoulders perfectly agrees with the widest diameter of his head. The circumference of his trunk beneath his arms is four feet and a half, in the epigastric region four feet. His breasts hang down like two enormous cushions of fat. The thickness of his upper arm near the insertion of the deltoid muscle is one foot seven inches, in the middle of the fore-arm one foot and one inch; of the thickest part of the thigh two feet and ten inches; above the knee two feet; and round the calf of the leg, one foot and eight inches. The parts of generation, still without hair, are almost totally covered by fat, suspended from the pubic region.

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The testicles are extremely small and hardly to be felt; the penis is also proportionably small.

His sister, Anastasia, twelve years of age, only differs from him in respect of a few pounds weight and a few inches in size. She also appears to be a little livelier than her brother, who discovers no sense for any thing besides eating and drinking.

Our correspondent at Paris has transmitted us the analysis, inserted in one of the London Journals, of intestinal gas. We shall spare our readers the trouble of reading it, but present them with our friend's note.

Every credit is due to the accuracy and care of Messrs. Chevreuil and Majendie, and we have no doubt whatever as to the result of their important experiments being as described; but we would put one question to the learned author of this memoir, and that is connected with the history of the sciences. The gases, we are taught to believe, were very imperfectly known before the time of Priestley; how comes it then, that a person in 1489 appears not only to be acquainted with all the gases, but also with the nomenclature which the chemists of the eighteenth century claim the merit of inventing? That the science might have recognized combined products of the nature of the gases determined by the modern system of analysis is probable; but, in the then state of chemistry, we hesitate not to affirm, that analysis was so very imperfectly known that it was impossible to arrive at any thing but confused notions on the subject; as, for instance, what would have been the value of the experiments even of M. Magendie himself, if he had not taken the precaution of collecting the gases under mercury. Were we inclined to make another remark, it would be, how has Mr. M. arrived at the perfections to collect in analysis all the 100 parts? B.

List of Patients admitted into all the Civil Hospitals of Paris, from the 1st of March, to the 31st of March, 1817, both inclusive.

Uncharacterised fevers	26
Intermittent ditto, various	210
Bilious or gastric ditto	122
Mucous ditto	2
Adynamic or putrid ditto	18
Ataxic ditto	4
Catarrhal ditto	20
Phlegmasiæ, internal and external	125
——— of the organs of respiration	126
Phthisis	24
Diarrhœa and dysentery	23
Ophthalmia	28
Dropsy and anasarca	38
Apoplexy and recent paralysis	21

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Variolous	8
Sporadic and chronic disosders, and the result of accidents	258
Itch	100
Rheumatism	14
Erysipelas	7
Metallic colics	2
Total	1177

List of Patients admitted into all the Civil Hospitals of Paris, from the 1st of April 1817 to the 30th, inclusive.

From April 1,	10	21	30	
Uncharacterised fevers	8	4	10	22
Intermittent do. of various types	61	38	72	171
Bilious or gastric do.	37	41	54	132
Mucous do.	0	3	0	3
Adynamic or putrid do.	14	9	6	29
Ataxic do.	1	0	0	1
Catarrhal do.	2	2	0	4
Phelgmasiæ, internal and external	45	81	145	269
Ophthalmia	11	7	9	27
Rheumatic pains	12	6	8	26
Diarrhœa and dysentery	12	4	4	20
Erysipelas	3	2	1	6
Phlegmasia of the organs of respiration	65	0	0	65
Consumptions	18	11	8	37
Apoplexy and recent paralysis	6	8	7	21
Dropsy and anasarca	17	17	10	44
Variolous	1	1	1	3
Metallic colics	5	1	5	11
Sporadic and chronic disorders and accidents	75	72	77	224
Itch	24	16	36	76
Grand Total				1192

Meteorological Report.

From April 1,	10	20	30
Maximum of barometer	28.8l.$\frac{7}{12}$	28.7l.	28.5$\frac{11}{12}$
Minimum of do.	28.11.$\frac{5}{12}$	27.11$\frac{6}{12}$	28 $\frac{1}{12}$
Max. of thermometer	14°.8	11°.	8°. 7
Min. of do.	3°.3	0 $\frac{6}{12}$	4°. 9
Max. hygrometer	89°.5	91°.	92°. 5
Min. of do.	86 .5	84°	84°

CHEVALLIER, Ingenieur-opticien.

Reigning Maladies in Paris from the 1st to the 10th of April.

From the commencement of the month the weather has been constantly mild and serene, though the winds have been continually northerly or north-easterly; the centigrade thermometer was in the

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the morning at 5 to 6 degrees, and in the middle of the day 16, 17, and even 18°, or equal to about 12, 13, 14 of Reaumur.

This sudden change of temperature, and the passage directly from humid cold to dry heat, has produced many disorders; inflammations of every kind are become frequent, especially those of the organs of respiration, that is to say, catarrhs and violent colds, quinzies, pleurisies, and *pleuro-pneumonies*. Several persons have experienced sudden hæmorrhages either by the lungs or the uterus. The afflux of the blood to the head, and the consequent accidents, apoplexies, paralysis, &c. have been pretty common; and it may be remarked, that the sudden appearance of fine weather has produced more disorders than existed during the intemperate cold and humidity with which we have been so long afflicted.

From the 11th to the 20th of April.

The change in the commencement of this decade has been as rapid as in the last; the weather has become cold and cloudy, the west and north winds very strong, and almost every day a fall of snow or hail,—the mercury has been even at the freezing point. This sudden change of temperature has produced a great quantity of pulmonary catarrhs, and the most serious disorders. The croup, to which the attention of parents ought perpetually to be awake, has carried off several victims; its symptoms are, a slight pain in the throat, a particular hoarseness of the voice, and convulsive cough, of which the fits are followed by a perfidious calm, during which the disorder makes a rapid progress, and is soon above all the resources of the art.

Another prevalent complaint is spontaneous and very violent hæmorrhage, principally from the uterus and the intestines; and, in younger subjects, from the nose.

From the 21st to the 30th of April.

The north winds have been very violent and the weather foggy, the winds cold and penetrating; but the number of catarrhs and acute affections of the breast are greatly diminished. The measles are very prevalent and intense, but regular. The most common disorders are colics and disorders of the bowels of all kinds, even to the inflammation of the peritoneum, intestinal hæmorrhages, costiveness, &c.

We have received a very long and dull article from Paris, on the antiquity of Cow-pox, and the knowledge of its prophylactic properties against the variolous poison. In our opinion, it were much more to the credit of antiquity, if all this was consigned to oblivion. The merit of a discovery is its application. We might as well say, Sir Isaac Newton's grandmother's gardener discovered the laws of gravitation, because he knew, before that philosopher was born, that apples fall to the ground and never rise spontaneously upwards. The following conclusion of the paper is creditable to the candour of the writers.

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"It follows from this remarkable passage—1. That thirty-three years since the vaccine or variolous disorder of cows was known in this country, and principally in the environs of this place.—2. That the persons who milked them knew that it was contagious even for man.—3. That it was not considered a dangerous disorder.—4. That those who had it believed themselves thereby preserved from small-pox.—5. That this opinion was not confined to the credulous country-people only, but was common also to sensible persons residing in the country, and who considered it not as an opinion, but as a truth confirmed by long experience, and as a precious and important observation:—and 6 and lastly, That this important observation has been established long ago in a periodical publication.

In detailing these facts, we are far from seeking to diminish the glory of Jenner, who must ever be regarded as one of the greatest benefactors of humanity; but it is our duty to record historical facts connected with the science of medicine and the art of healing. Truth is an imperious obligation, and Dr. Jenner himself will always enjoy too much glory to covet one ray that does not belong to him.

REPORT OF DISEASES.

Inflammatory diseases continue to rage; and, what would appear most extraordinary, even the poverty of the laboring classes proves no exemption. That this must partly arise from some constitution in the atmosphere can hardly be questioned, when we reflect, during a former period of distress, the sagacious Willan remarked, that, even in cases of apparently active delirium, to take only a very small quantity of blood by cupping was dangerous, but to bleed by the arm fatal. At present, to bleed is often the only means of preserving our patient. It is true, those of the above rank only require a very small abstraction, and the relief is very considerable.

Dysentery is sporadic, but for the most part mild, especially if early treated with evacuants. In the chronic stage, small doses of ipecacuanha retain their credit as a specific. Scarlatina and small-pox are still frequent; the former mild, but the latter in some cases very severe. Cases after vaccination still occur, but the good sense of the public, now that they are left to themselves, is sufficient to preserve the credit of that valuable discovery, which gains ground, though no sinister attempts are made at concealing the few instances in which it seems to fail.

The Reporter some time ago mentioned cases of frequent hæmorrhage from the uterus or vagina, attended with intense pain in the neighbouring parts, such as usually terminate in the malignant ulcer. These he had succeeded in treating with frequent cupping over the os coxigis, and leeches about the pubis and inguen. A

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case of four years standing lately occurred, in which this mode of treatment has perfectly succeeded. Those who feel as they ought will not require to be informed of the gratitude of the patients for such relief, or their anxiety to return to the remedy on the slightest threat of pain.

Several cases of bronchitis, imitating phthisis, have occurred and yielded to purgatives united with diuretics. We have been informed, that the use of vinegar, as recommended in the last volume of Medical Transactions, has, in some cases of apparently the most serious form of phthisis, been found completely successful.

Mr. Salisbury's *Botanical Excursions for May.*

May 8th.—Battersea fields, and the gardens in that neighbourhood.

Scandix odorata
Narcissus angustifolius
——— Pseudo Narcissus
——— biflorus
——— major
Milium effusum
Isatis tinctoria
Chelidonium majus
Chærophyllum temulentum
Sorbus Aucuparia
Mespilus Oxycantha
Sorbus hybrida
Galium palustre
——— erectum
Salix monandra
Alchemilla Alpina
——— arvensis
——— vulgaris
Valeriana locusta
——— rubra
Samolus valerandi
Ægopodium Podograria
Myosurus minimus
Poa angustifolia
Vicia bithinica
Orobus tuberosus
Vicia sativa
Polygonum Bistorta
Rumex Acetosella
Sambucus nigra
Prunus Padus
Pyrus Malus
Arum maculatum
Brassica Napus
Lycopsis arvensis
Draba muralis

May 16th.—Hampstead-heath and the neighbourhood.

Orchis maculata
——— mascula
——— morio
Stachys palustris
Poa loliacea
——— rigida
Medicago polymorpha
Lapsana communis
Erysimum Barbarea
Erysimum Alliaria
Poligonum aviculare
Alisma plantago
Potentilla alba
——— verna
——— aurea
——— rupestris
Convolvulus arvensis
Scilla nutans.

May 22d.—Charlton and neighbourhood.

Veronica spicata
Anemone Nemorosa
Sedum acre
——— rupestre
——— reflexum
——— album
Thlaspi campestre
Silene armeria
Ophrys bifolia
Adonis autumnalis
Cratægus torminalis
Iberis nudicaulis
——— amara
Salvia pratensis
Berberis vulgaris
Betula alba
Lolium perenne
Hypericum humifusum

Carex

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Carex vaginata
—— curta
—— depauperata
Plantago lanceolata
Centunculus minimus
Scirpus fluitans
Potomageton natans
Carum Carui
Scandix Cerifolium
Parietaria officinalis
Statice Armeria
Festuca pratensis
—— elatior
Vaccinium myrtillus
Pedicularis palustris
Ajuga reptans
Lychnis viscaria
Acer Pseudo Platanus
Veronica serpyllifolia
Salix cineria
Hottonia palustris
Ilex aquifolium
Ulmus campestris
Genista anglica
Turritis glabra
Poa nemoralis
Fagus sylvatica
Carex panicea
Acer campestre
Medicago falcata
Melica uniflora
Mercurialis perennis.

N.B.—We have not collected all that are in bloom this month, and the next excursion we may expect will afford us a rich collection.

As my summer class is not yet completed, those gentlemen who wish to attend, may hear of the appointed days for June at the Botanic Garden, or by consulting the notices which I shall have posted at Guy's Hospital.

May 28th, 1817.

CATALOGUE OF MEDICAL BOOKS.

A Picture of the Present State of the Royal College of Physicians of London; containing Memoirs, Biographical, Critical, and Literary, of all the resident Members of that Society, and of the Heads of the Medical Boards, with some other distinguished professional Characters; to which is subjoined, an Appendix, containing an Account of the different Medical Institutions of the Metropolis, Scientific and Charitable, with their present Establishments. 16s.

A Fifth Edition of Mr. Forster's Observations on the Perennial Retreat of the Swallow.

Observations on the deranged Manifestations of the Mind, or Insanity; by J. G. Spurzheim, Licentiate of the College of Physicians in London, Physician to the Austrian Embassy, &c.

An Essay on the Shaking Palsy; by James Parkinson.

Commentaries on Scirrhus and Cancer; Part II. By William Thomas, Member of the College of Surgeons, and late Surgeon to the Forces.

An Essay on the Mode by which Constitutional Disease is produced from the Inoculation of Morbid Poisons. By Charles Salt, Member of the Royal College of Surgeons, London.

A Botanical Description of British Plants in the Midland Counties, particularly of those in the Neighbourhood of Alcester; with occasional Notes and Observations. To which is prefixed, a short Introduction to the Study of Botany, and to the Knowledge of the Principal Natural Orders. By T. Purton, Surgeon, Alcester. Embellished with 8 coloured Engravings; by James Sowerby, F. L. S. 2 vols. 20s.

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Mr. GRAY, of No. 27, Cross-street, Hatton-garden, will begin his Summer Course of Botanical Excursions into the Environs of London, with Practical Demonstrations of the Plants collected in them; on Tuesday the 3d of June, and continue them twice a week. —Mr. Gray has been induced to adopt this method of teaching in preference to the more formal method of lectures, as better adapted for the improvement of pupils.

Mr. THOMSON will commence his Lectures on General and Medical Botany, on Tuesday the 3d of June, at two o'clock, in the Anatomical Theatre, Blenheim-street.

A METEOROLOGICAL JOURNAL,

By Messrs. WILLIAM HARRIS and Co. 50, Holborn, London.

From the 20th April to the 19th May, inclusive.

Day of Month	Rain gauge	Therm			Barom		De Luc's Hygrom. Dry		Damp		Wind.		Atmospheric Variation.		
April															
20		48	54	42	30⁵	30⁵	1	0		0	N va.	N va.	Fine		Clo.
21		46	52	39	30⁵	30⁴	0	1	0		NE	E	Fine		Clo.
22		44	51	39	30⁴	30³	1	1			NE	ENE	Fine		
23		41	50	34	30³	30³	1	0		0	NE	NE	Clo.	Rain	Fine
24	,03	39	51	39	30³	30³	0	0	0	0	NE	NNE	Clo.	Fine	Rain
25	,02	43	49	39	30³	30²			1	1	N va.	N	Clo.		
26		44	56	39	30	29⁹	0	0	0	0	N	NW	Clo.		Rain
27	,05	49	59	39	30	30¹	1	1			N	SE	Fine		
28		41	54	47	30¹	30	1	1			SW	NW	Fine		
29		49	55	45	29⁹	29⁸	0		0	1	WSW	SW	Fog	Clo.	
30	,05	47	54	41	29⁷	29⁸			1	1	NNW	NW	Clo.		Fine
May															
1		45	50	45	29⁹	30	0		0	1	N	NNE	Clo.		Fine
2		47	53	42	30	29⁹			1	1	N	NE	Clo.	Fine	
3		45	52	46	29⁸	29⁸			1	1	NW	W	Clo.	Fine	
4		49	57	46	29⁹	30			1	1	W	NW	Clo.	Fine	
5		59	65	47	30	30	1	1			W	W	Fine		
6		56	58	47	30	30²	1	1			SW	E	Fine		
7		49	57	48	30	29⁸	0	0	0	0	NE	E	Clo.	Rain	Clo.
8	,12	50	53	42	29⁸	29⁸	1			1	E	NE	Clo.		Rain
9	,07	49	56	43	29⁸	29⁷			1	1	NW	W	Clo.		Rain
10	,09	45	59	46	29⁵	29⁴			1	1	S	SW	Clo.	Rain	Clo.
11	,05	47	57	47	29²	29²			1	1	S	SW	Clo.	Fine	Clo.
12		49	56	47	29	29	0	0	0	0	SSW	SW	Rain	Clo.	
13	,13	53	57	50	29²	29⁴	0	0	0	0	SSW	SW	Fine		Clo.
14	,06	57	58	50	29⁵	29⁵			1	1	S	WSW	Clo.		
15		54	60	52	29⁴	29⁵	1	1			SW	W	Rain	Clo.	Rain
16	,21	56	66	53	29⁷	29⁹	5	3			SSW	S	Fine		
17		49	66	50	29⁶	29⁸	1	1			SW	SW	Fine		
18	.16	54	64	45	29⁴	29⁴	0		0	1	W	NNW	Fine	Rain	Clo.
19	,23	49	59	40	29⁵	29⁵			1	1	N	NE	Clo.	Rain	

The quantity of rain fallen in the month of April is only 24·100ths of an inch.

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NOTICES TO CORRESPONDENTS.

We feel greatly obliged to SENEX *for his hints, and highly flattered by the compliment he pays our Reviews. To him, we need not plead the difficulty with which writers competent to such researches are procured, or stimulated to work. We shall, however, be thankful, if he will inform us of the books received and left so long unnoticed. To two, we plead guilty, but, in our defence, urge that they have been more than twenty months waiting for the judgment of an eminent surgeon. Our remedy must be, as in many other cases, to learn his opinion orally, or to send our own remarks for his correction.*

We trust our present Number will show sufficient marks of industry, impartiality, and competency, in our various coadjutors. Our next, the first of our Thirty-eighth Volume, *may, probably, be introduced with a Retrospect, in which we may notice several books and papers, omitted by accident or from necessity. To conclude, we trust the manner in which Senex's hints are attended to, will encourage him and others to remind us often of our duty, or to suggest further improvements in our plan.*

We are much obliged to our Doncaster Correspondent *for his interesting paper, but, without a better acquaintance, cannot insert a communication impeaching the credit of another Journal, and containing matter connected with so important a branch of pathology.*

We thank Chirurgo-Pharmacopolus *for his remarks, most of which he will see in our additional pages. He will also perceive, that we have taken care of his underscored words, and some others of the same kind shall be included in our extracts. Such is the only notice we ever take of grammatical errors, when the meaning is not obscured. Judges of correct composition will detect them, and to others they are unimportant.*

JUVENIS *must excuse our once more postponing the hints we have collected relative to his reading. At present, we have only room to advise him to keep up, or to renew his classical learning, if he ever expects to appear in the higher branches of the profession,—an object every practitioner should have in view. We would likewise recommend him to read every day a portion of Celsus, and, if he retains any Greek, of Aretæus also. He should avail himself of the season to gain a little practical botany; but not unless he has some friend who can teach him the names of plants, whether in English or Latin. If he has no better opportunity of seeing the viscera, let him repair to a butcher, and learn their figure and situation in brutes, at the same time comparing them with Cheselden, Winslow, or any other anatomical writer. He should always have Henry or Duncan at hand, but never fail to consult the London Pharmacopœia in Latin. If there is no Latin copy in the shop, he should procure one.*

The Editors wish to express their thanks to Mr. P. *for his early answer.*

For our next Number, we are promised Reviews of several important Chirurgical Works which have been too long delayed.

We feel particularly thankful to our Warminster Correspondent, *and regret that his paper arrived too late for this Number.*

Communications are received from Dr. KINGLAKE, Messrs. J. HOARE, BISH. POWIS GITTON, WARD, J. ISAAC; VERITATIS CURATOR, A. B. *&c.*

ERRATA.

Vol. 36, page 358, line 19, for *conper*, read *concave*.—Page 359, line 4, for *Parrey* read *Larrey*.

Vol. 37, page 353, line 3, for *Villeorne* read *Villermé*.—Same page, last line, for *joint* read *point*.—Page 354, line 2, for *coagulated* read *coagulable*.

Our Correspondents will please to be particular in the Address of their Communications, which should be thus,—"To the EDITORS of the LONDON MEDICAL and PHYSICAL JOURNAL, at Mr. SOUTER'S, No. 1, Paternoster-Row; or at Mr. ARLARD'S, 23, Bartholomew-Close."

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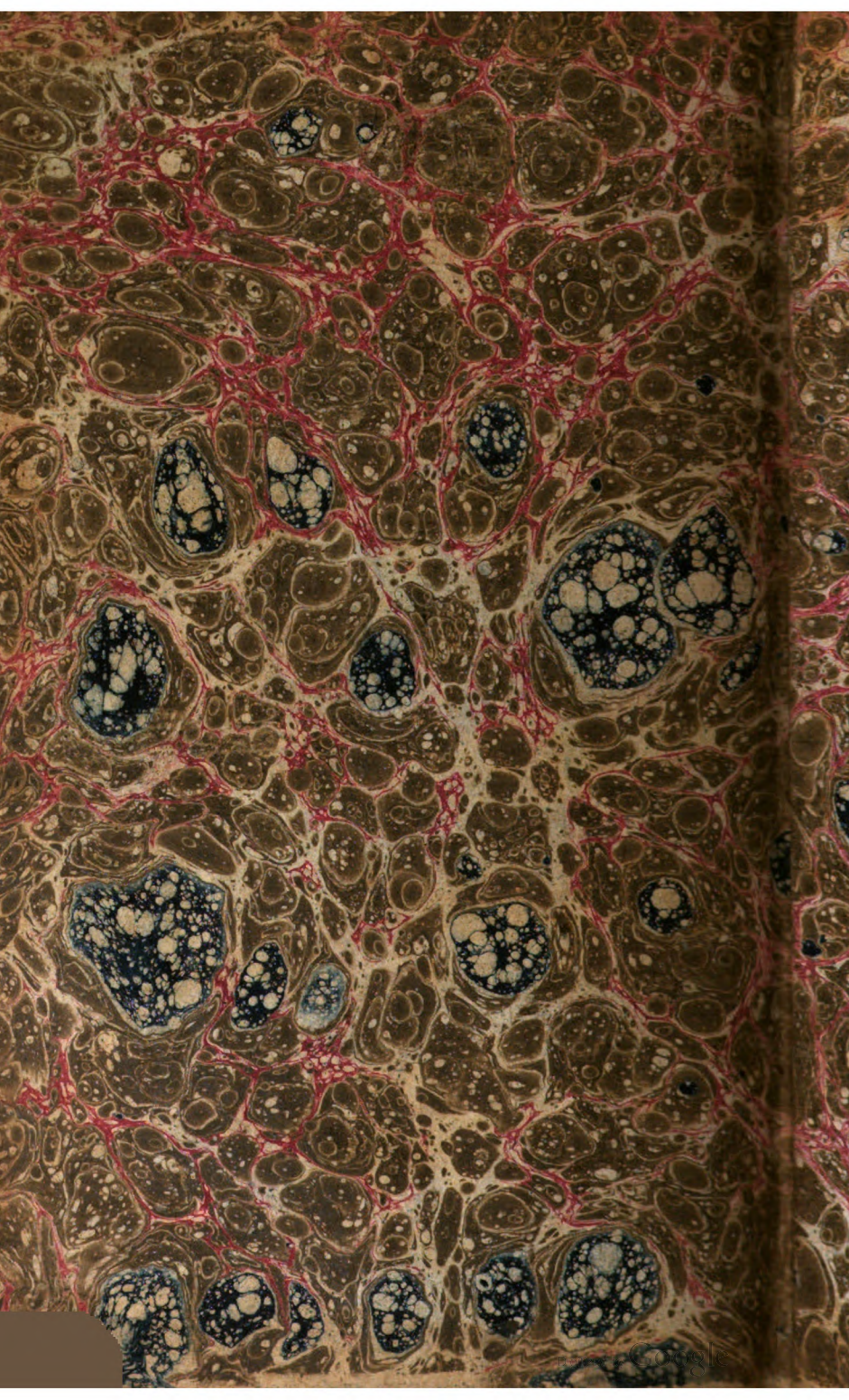

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